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Submitted by

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(A.B. Harvard College, 1941)

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the Degree of Master of Science in Social Service

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## CHAPTER I

### INTRODUCTION

During the three-year period from April 1, 1943 to April 1, 1946, a total of twenty-seven male patients, with a minimum age of sixteen years, were given the diagnosis of Psychopathic Personality at the Metropolitan State Hospital, Waltham, Massachusetts, following commitment for thirty-five days' observation under Section 100, Chapter 123, General Laws of Massachusetts (commitment after arrest). The writer will be concerned here with those nineteen individuals who were subsequently released from custody and on whom it proved possible to obtain information about community readjustment.

The purpose of this thesis is to determine the social adjustments made within a limited period of time after discharge from the hospital and to study those factors which seem to have special influence in the lives of the patients concerned. Thus, it may be possible to cast some light on the value to these patients of the hospital-court process and of other contacts with social resources and institutions of the community. At the same time, though not as a primary objective of the research, the degree of effectiveness of society's protective measures against the aggressive, anti-social acts of some of these psychopaths will be measured.

## CHAPTER I

### INTRODUCTION

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will be concerned with the study of these patients who were subsequently referred to the hospital for treatment. The purpose of this thesis is to determine the social adjustments made within a limited period of time after discharge from the hospital and to study those factors which seem to have special influence in the lives of the patients concerned. Thus, it may be possible to cast some light on the value to these patients of the hospital-court process and of other contacts with social resources and institutions of the community. At the same time, though not as a primary objective of the research, the degree of effectiveness of society's protective measures against the aggressive, anti-social acts of some of these psychopaths will be measured.



in a limited way. The reader may be interested in comparing the findings presented herein with those of the projected thesis by Howard B. Monahan<sup>1</sup> on background factors in the lives of a group which includes the nineteen patients whose later adjustments are studied intensively in this thesis.

The writer proposes to seek answers to the following general questions: What social adjustments have been made by the nineteen patients studied intensively since discharge from the hospital? What factors seem to account principally for the adjustments made? Do these adjustments represent an amelioration of the social problems originally presented? What part has been played by social agencies of the community in dealing with the individuals concerned?

While categorical answers to the above questions will manifestly be impossible to give, it is felt that the chief value of the study will lie in the area of the overall picture of adjustments since discharge from the hospital which the questions should bring out.

The scope is limited to males sixteen years of age and older committed to the Metropolitan State Hospital during the three-year period from April 1, 1943 to April 1, 1946, and diagnosed as Psychopathic Personalities. A total of

until January, 1946, and actually would constitute a separate

1 "A Study of Factors in the Histories of Twenty-Eight Male Psychopathic Personalities," tentative title of Master's Thesis planned by Howard B. Monahan, Boston University School of Social Work.





twenty-seven patients fell into this classification, and all but one were returned to the courts as not insane. Concerning the time limitation, the earlier date represents the beginning of the hospital's admittance of patients from the community at large, while the latter date was chosen so as to leave sufficient elapsed time since commitment to permit some study of later adjustment. The amount of elapsed time will vary with the different individuals, and it is realized that in no case will it be possible to evaluate long-term adjustment.

Out of the twenty-seven patients, one was found dangerously insane and transferred to another State mental hospital for regular commitment. Four were still in custody at the time that this study was made, and three had moved to other states. Hence, follow-up investigation was limited to nineteen patients.

The following method was used in preparing the study: Hospital records were searched for all male patients committed under Section 100, within the chosen three-year period. Next, elimination was made of all those who did not come under the age and diagnostic limitations imposed. Since boys under sixteen years of age had not been admitted under Section 100 until January, 1946, and actually would constitute a separate group for investigation, being classified as children in hospital regulations, the writer decided to exclude them from





the investigation. Records of the twenty-seven patients remaining were then studied, and information about offenses, hospital adjustments, and disposition was extracted. Social Service Index and later court records were obtained. Probation officers were contacted and, lastly, the nineteen patients themselves were interviewed, with the remaining eight eliminated because of conditions already described. In most cases, not only the patient but also another person who has had close contact with him was interviewed, to insure maximum accuracy in the information obtained.

In the interviews, the attempt was made to gather data in accordance with the schedule which had been set up (see Appendix A). Tact and discretion had to be observed, and a more or less oblique approach had to be used in some cases with regard to questions related to psychosexual adjustment, drinking habits, etc., inasmuch as many of the individuals hesitated naturally to reveal such matters to a person representing the authority of the hospital. Reassurance often served the purpose of gaining the confidence of the patient. Evidence accumulated is felt to be valid by reason of the fact that more than one source of information (including record information) was consulted in each case.

1 Mass. B. L., 1933, Ch. 123, s. 133

2 Commonwealth of Massachusetts, Department of Mental Health, Manual of Admission Procedure, 1941, p. 35.





## CHAPTER II

### HOSPITAL AND COURT PROCEDURE

Provision for commitment to a mental hospital for observation for persons under complaint or indictment for a criminal offense is set forth in Section 100, Chapter 123, of the General Laws, as follows:

If a person under complaint or indictment for any crime is, at the time appointed for trial or sentence, or at any time prior thereto, found by the court to be insane or in such mental condition that his commitment to an institution for the insane is necessary for his proper care or observation pending the determination of his insanity, the court may commit him to a state hospital or to the Bridgewater State Hospital under such limitations as it may order.<sup>1</sup>

Such a commitment may be for a period not in excess of thirty-five days.<sup>2</sup> At the close of the observation period, a written report is sent by the hospital to the court with recommendations. This report will recommend that the patient be returned to the court for disposition, if he is pronounced not insane, and suggestions may be offered as to the disposition which would be considered most suitable by the hospital staff. If the patient is pronounced insane, a recommendation for regular commitment is made in the report.

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<sup>1</sup> Mass. G. L., 1933, Ch. 123, s. 100

<sup>2</sup> Commonwealth of Massachusetts, Department of Mental Health, Manual of Admission Procedure, 1941, p. 35.





When regular commitment is recommended and arranged for, the charges against the individual concerned are dismissed or filed, and the court's responsibility in the case is terminated. On the other hand, if the patient is returned to the court for disposition, having been pronounced not insane, the hospital's jurisdiction over him is ended, and the court may act as it sees fit. It may then follow recommendations of the hospital with regard to psychiatric treatment or social service guidance, but this is a matter for its own discretion. Provided that the patient has been pronounced not insane, the particular diagnosis carries no specific indication as to the court's later disposition of his case. For example, if such a patient has been diagnosed as having a psychopathic personality, without psychosis, he is held responsible for his actions before the law.

In the main, psychopaths seldom exhibit impulses which are absolutely irresistible, and none of them is incapable of distinguishing right from wrong. Accordingly, under current tests of responsibility, a psychopathic personality does not serve to relieve the person from responsibility for his criminal acts.<sup>3</sup>

A recent amendment to the General Laws of Massachusetts provides:

The existence in any person of a condition of psychopathic personality shall not in any case constitute a defense to a charge of crime, nor relieve such person

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<sup>3</sup> Leland E. Hinsie and Jacob Shatzky, Psychiatric Dictionary, p. 444.







from liability to be tried upon a criminal charge, unless such person is in a condition of insanity, idiocy, imbecility or lunacy within the meaning of the laws relating to crimes and criminal procedure.<sup>4</sup>

The same amendment, which is related to the care, treatment, and rehabilitation of sexual psychopaths, provides for the custody and treatment of any person deemed to be a sexual psychopath until such time as he shall have "recovered."<sup>5</sup> This is the only diagnosis in the "not insane" category whereby the court is bound to a definite procedure in its disposition of a case. Since the law referred to was passed in 1947, it does not apply to the cases with which this thesis is concerned.

When a patient is committed after arrest for thirty-five days observation, he goes through an established routine of care and study. Upon admission, he is interviewed by the physician in charge and given a complete physical examination. Laboratory studies are done at the same time. Daily reports are kept on the patient by the nurse in charge of the ward. A physician interviews him daily, and makes notes for the record at periodic intervals. Within the first few days, the physician makes a complete mental examination of the patient, noting such factors as attitude, general behavior, mood, orientation, mental grasp, and emotional

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<sup>4</sup> Mass. G. L., Ch. 123A, s. 6 (Amended 1947, Ch. 683).

<sup>5</sup> Ibid., sections 3, 4, and 5.







reactions. A psychometric examination is given by the staff psychologist. In this thesis fell into the latter grouping.

A social worker prepares a complete medical-social history of the patient's life up to the time of commitment, by interviewing close friends, relatives, etc. Here the social worker performs a dual task. In addition to obtaining information about the patient, the social worker alleviates the burden on the family by interpreting, giving reassurance and, if necessary, making referrals to appropriate agencies for financial aid, or any other type of aid called for.

The hospital adjustment is evaluated by means of observing behavior while assisting with ward work, helping in the kitchen, attending occupational therapy classes, and while participating in recreational activities.

Towards the end of the observation period, a summary of all the material gathered on the patient is presented to the assembled staff. Next, the patient himself is seen and interviewed by the clinical director before the group. On this basis, a diagnosis is made. Finally, a written report of the findings is prepared and forwarded to the court. Diagnosis is included, as are recommendations as to disposition of the case. By the thirty-fifth day, if the patient has been declared insane, he is transferred to a ward where he will be held for treatment. If not insane, he is returned





to the court for disposition. All of the patients studied intensively in this thesis fell into the latter grouping.

#### DEFINITION

There is no "official" definition of a psychopathic personality. While there has been much written about the psychopath, as well as about treatment of criminal offenders, the writer has not been able to uncover any literature bearing directly on the relationship between such a personality and the hospital-court process. Inasmuch as treatment of criminal offenders in general is outside the scope of this research, definitions and other related material presented here will, therefore, reflect the psychiatric orientation of the thesis.

Psychiatric literature has not dealt kindly with the psychopath, a more or less pessimistic attitude being taken with regard to correction of his deviant tendencies. This attitude is reflected in social work literature by the fact that here he is largely ignored. The quarterly publication of the American Association of Psychiatric Social Workers has not printed a single article directly on psychopathic personalities in eleven years.<sup>1</sup> While this is irrelevant to the definition, it should be kept in mind in consideration of material related to treatment.

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<sup>1</sup> "The News-Letter of the American Association of Psychiatric Social Workers," Vols. 1-16, 1936 to 1947.





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<sup>1</sup> "The News-Letter of the American Association of Psychiatric Social Workers," Vols. 1-16, 1936 to 1947.





The term "psychopathic personality" refers to a defect of personality, particularly of the emotions, rather than to a defect of the intellect. Thus it is differentiated from the psychoses and from conditions marked by intellectual deficiency. Perhaps the definition of the term most widely used is the one found in the Psychiatric Dictionary,<sup>2</sup> as quoted from the Statistical Guide of the Department of Mental Hygiene in New York State:<sup>3</sup>

Psychopathic Personalities are characterized largely by emotional immaturity or childishness with marked defects of judgment and without evidence of learning by experience. They are prone to impulsive reactions without consideration of others and to emotional instability with rapid swings from elation to depression, often apparently for trivial causes. Special features in individual psychopaths are prominent criminal traits, moral deficiency, vagabondage, and sexual perversions. Intelligence as shown by standard intelligence tests may be normal or superior, but on the other hand, not infrequently, a borderline intelligence may be present.

As diagnostic criteria, many authorities place emphasis on the degree of social maladaptation evidenced and the length of time this condition has existed.

The diagnostic labels psychopathic personality and constitutional psychopathic inferiority designate those individuals who have manifested considerable difficulty in social adjustment over a period of many years or throughout life, but who are not of defective

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2 Leland E. Hinsie and Jacob Shatzky, Psychiatric Dictionary, p. 444

3 New York State Department of Mental Hygiene, Statistical Guide (Eleventh Edition, 1934).







intelligence nor suffering from structural disease of the brain or epilepsy, and whose difficulties in adjustment have not been manifested by the behavioral syndromes which are conventionally referred to as neuroses and psychoses.<sup>4</sup>

Noyes and Haydon summarize the usual manifestations of behavior seen in the psychopathic personality thus:

The abnormalities in the psychopathic personality are usually manifested either in the social sphere in the form of social inadequacy or antagonism or in the psychosexual sphere in the form of deviations of sex impulse. There has at times been a tendency to include as of psychopathic personality practically all habitual delinquents and criminals or even to limit the term to the antisocial. Neither of these practices should be followed although it must be recognized that the psychopathic personality does not develop either the type or degree of social qualities necessary for social adaptation. His responses to moral, ethical, and aesthetic considerations remain inadequate. While his behavior often brings him into conflict with the law, it even more frequently violates the sensibilities, amenities, and conventions of society.<sup>5</sup>

From the foregoing quotations, it can be seen that there is more or less general agreement as to the areas of human behavior in which the psychopathic personality may manifest itself. There exists less agreement with regard to etiological factors. Noyes and Haydon state: "The personality may be regarded as the product of constitutional, biological, and social factors, yet our knowledge concerning the relative part played by each of these factors is exceedingly limited."<sup>6</sup>

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<sup>4</sup> J. McV. Hunt, editor, Personality and the Behavior Disorders, Volume II, p. 923.

<sup>5</sup> Arthur P. Noyes and Edith M. Haydon, Textbook of Psychiatric Nursing, p. 225.

<sup>6</sup> Ibid., p. 228.







With so little definite knowledge about the so-called normal personality, it is not surprising that there should be differing approaches to formative factors in a grossly abnormal personality, such as that of the psychopath. Several schools of thought are summarized in Personality and the Personality Disorders:

Partridge indicates the possibilities of a sociologically oriented approach to psychiatric diagnosis. Alexander demonstrates that the kind of behavior now generally referred to as psychopathic can readily be interpreted as neurotic in psychoanalytic terms, thus rounding out the psychoanalytic approach to general personality development, adjusted and maladjusted, which is the most comprehensive now extant.<sup>7</sup>

This thesis is concerned only with those psychopaths who have come to the hospital from the criminal courts. Many psychopaths have made important contributions to the arts and sciences and to social causes without ever coming into conflict with established laws and customs. This should be kept in mind in order to avoid a completely pessimistic, negative philosophy with regard to the psychiatric entity and to treatment.

The most basic treatment is the one that seems to offer the most hope. Such a treatment is one which " . . . gives the individual a chance to come to know as a child comes to know, through real behavioral situations, the elementary

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<sup>7</sup> Hunt, op. cit., Vol. II, p. 936.







social skills of cooperation and self-control."<sup>8</sup>

Treatment in the past has generally consisted of "punishment to fit the crime." If not at the same time psychotic, it has not been possible to place the psychopath in a mental institution. The only other type of institution which provides an environment of maximum security and protection for the rest of society is the prison. The psychopath, then, has usually been given a prison term, the length of which has been determined by the particular offense committed.

In 1947, Massachusetts attempted a more positive approach to this matter by providing for institutionalization of "sexual psychopaths" in the care of the Department of Mental Health until a "finding by the court or a verdict by the jury that such a person is fully recovered from such psychopathic personality . . . ." <sup>9</sup> However, no such law had been in force during the period covered in this study.

Speaking of persons brought before the criminal court, Kaufman and Bok state:

The plea of the irresistible impulse is often used by emotionally unstable individuals brought before the court. This all led to the situation . . . that when the psychiatric testimony brought out no proof of a frank psychosis, it only added to the evidence that the prisoner was not a safe or desirable person to be at large in the community and hence helped support a lengthy prison term, since no other form of commitment was available.

. . . . .

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8 D. E. Bowlus and Anna M. Shotwell, "A Rorschach Study of Psychopathic Delinquency," American Journal of Mental Deficiency, 1:30, July, 1947.

9 Mass. G. L., Ch. 123A, s. 5 (Amended 1947, Ch. 683).

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At the Metropolitan State Hospital, no special definition of psychopathic personality is used. Criteria are, in general, those embodied in the definitions of standard psychiatric texts. By way of chapter summary, those factors particularly looked for at this hospital may be mentioned. First of all, the possibility of mental deficiency or frank psychosis must be considered. There must be evidence of social maladjustment of long standing. Immaturity and instability in the emotional sphere are seen. Also, there are usually an absence of guilt or remorse and lack of appreciation of social or moral values. Very often sexual deviations are noted. Failure to learn from experience is often seen by a history of repetitiousness of anti-social actions despite severe punishments. A constitutional factor is looked for. Finally, after the diagnosis of psychopathic personality has been established, any one of four qualifications is added for the purpose of more precise definition: Pathological sexuality; pathological emotionality; asocial and amoral trends; or, mixed type. Then, since the hospital treats primarily the psychoses and crippling neuroses, patients with the diagnosis of psychopathic person-

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<sup>10</sup> S. Harvard Kaufman, M.D. and The Hon. Curtis Bok, "The Value of Formal Psychiatric Examinations in the Criminal Court," The Journal of Nervous and Mental Disease, 103;289, March, 1946.



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10 S. Harvard Kaufman, M.D., and The Hon. Curtis Bok, "The Value of Formal Psychiatric Examinations in the Criminal Court," The Journal of Nervous and Mental Disease, 103:289, March, 1946.



ality, without psychosis, are returned to court for final disposition.

#### CHAPTER IV

#### CASE SUMMARIES

The purpose of this research is to determine the social adjustments of nineteen patients within a limited period of time after discharge from the hospital, and to study those factors which seem to have special influence in their lives. In order to round out the presentation, the writer has put together in the form of case summaries all the material gathered about twelve of the individuals.

Each summary is essentially a complete history of the patient up to November 30, 1947, by which date investigations were finished, though greatly telescoped and with emphasis on mode of life after discharge from the hospital. A paragraph of background material taken from hospital records is presented in each case, with the intention of showing the gradual development of abnormal personality manifestations. Relative to recent adjustment, investigation centered on arrest records, social agency contacts, and on work and psychosexual adjustments, insofar as these could be determined.

The summaries are divided into two groups. The first group consists of six cases in which relatively good adjustments have been achieved since discharge from the hospital. Improvement in any one area of adjustment with no known deterioration





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in another area is used as the criterion here, giving incidentally some indication of the value of the hospital-court process to the patients. The second group is composed of six cases in which adjustments have remained inadequate or in which deterioration in social relationships has been noted.

In December, 1943, a naturalized citizen of Italian extraction, was committed for observation after having been charged with assault and battery on his wife. On this particular occasion he flew into a rage and struck her after she had objected to his beating the oldest child, a son.

Review of his earlier history shows that from childhood he had tended to be temperamental and domineering with friends and within the home. Prior to his marriage he had a lengthy record of arrests, six of which were for larceny, and nine for auto infractions. Nevertheless, he had done well in school, which he left at the end of his second year in high school to go to work in his father's store, and in his work in the aforementioned store. However, he left this job in 1929 to enlist in the Army. He received a dishonorable discharge two years later for larceny. He thus gave repeated evidence of failing to learn from experience that he could not escape unpunished from his anti-social acts. Following his discharge, he returned home and married a seventeen-year-old girl. He was then twenty-one. The wife was nervous and high-strung, as was the patient, and there was incompatibility from the start. He beat her frequently, and there was mutual infidelity. He denied paternity of the eldest of the three children, and took every opportunity to beat him, with the result that this son has become a serious behavior problem. He quarrelled frequently with his wife's relatives, resented all his wife's pregnancies, and at times showed brutality and hatred for all the members of his family. There was one arrest after marriage, this one for nonsupport. He worked only irregularly until 1940, and there were many social agency contacts. In 1940, he obtained a job as a presser, and has been successful in it, being pleasant and efficient. However, he continued in his brutality at home, and this culminated in his arrest and commitment to this hospital for observation.





## GROUP I - GOOD ADJUSTMENTS

### CASE I

A. D., thirty-three years of age when arrested in December, 1943, a naturalized citizen of Italian extraction, was committed for observation after having been charged with assault and battery on his wife. On this particular occasion he flew into a rage and struck her after she had objected to his beating the oldest child, a son.

Review of his earlier history shows that from childhood he had tended to be temperamental and domineering with friends and within the home. Prior to his marriage he had a lengthy record of arrests, six of which were for larceny, and nine for auto infractions. Nevertheless, he had done well in school, which he left at the end of his second year in high school to go to work in his father's store, and in his work in the aforementioned store. However, he left this job in 1929 to enlist in the Army. He received a dishonorable discharge two years later for larceny. He thus gave repeated evidence of failing to learn from experience that he could not escape unpunished from his anti-social acts. Following his discharge, he returned home and married a seventeen-year-old girl. He was then twenty-one. The wife was nervous and high-strung, as was the patient, and there was incompatibility from the start. He beat her frequently, and there was mutual infidelity. He denied paternity of the oldest of the three children, and took every opportunity to beat him, with the result that this son has become a serious behavior problem. He quarrelled frequently with his wife's relatives, resented all his wife's pregnancies, and at times showed brutality and hatred for all the members of his family. There was one arrest after marriage, this one for nonsupport. He worked only irregularly until 1940, and there were many social agency contacts. In 1940, he obtained a job as a presser, and has been successful in it, being pleasant and efficient. However, he continued in his brutality at home, and this culminated in his arrest and commitment to this hospital for observation.







He adjusted well in the hospital to the ward routine, submitting without resentment. He obtained a superior score of 121 on the Bellevue Full Scale I.Q. test. No psychotic symptoms were noted. However, it was felt that he was "morally dull," and that his difficulties were primarily on a basis of constitutional personality defect characterized by emotional instability, temper tantrums, and aggression against his family. Diagnosis was: Without Psychosis. Psychopathic Personality. Asocial and amoral trends. He was returned to the court without recommendations, except for the statement that the outlook was unfavorable. Court disposition consisted of a three-months' suspended sentence.

There have been no further arrests or court appearances. Social agency contacts have been entirely with regard to the son, who has continued as a problem at home and in the community, more or less following the pattern set by his father in his own childhood. At present, this son is in a training school for boys. Since hospitalization, the patient has managed to curb his violent temper.

A. D. has continued to adjust well in his work, and is now a foreman presser, earning close to one hundred dollars per week. In his work, he is said to be sociable, even-tempered, and a productive leader. The marital adjustment has likewise improved. The wife, who is still nervous, excitable, and subject to fainting spells, feels that the period of observation frightened the patient to the extent that he has since been able to check his temper. There is a new baby in the family, and he gives evidence of contentment and security. A. D. does not participate in any social or community undertakings, but has hobbies of tinkering with machinery and keeping the family home in good repair.

Drinking, which has never been an important factor in this patient's problem, is still indulged in to a moderate degree. He owns his own home, a two-family house in a fairly clean residential neighborhood. He has made it a point to be kind to his children, since the hospital experience, including the problem son and, except when this son is at home, there is a harmonious atmosphere. While it cannot be said that this patient has experienced a change of personality, he has been able to control his temper and, with a greater degree of job and home security than he had ever known in the







past, has been able to adjust satisfactorily as the head of his family. Plans for the future are to continue in the present occupation, possibly to sell the home and move to another city where neither his own past nor his son's present vagaries will be known.

As seen in the above description, the past four years have brought about considerable modification in this patient's conduct, with change from an irresponsible, asocial and amoral individual to a relatively stable, dependable family head. The period of observation has obviously been the most important factor in bringing about this change, since it dates from that time. The patient himself ascribes the change to a realization, while in the hospital, of his conduct and its effects on others. Reversing his own past tendencies, as well as those usually seen in the psychopath, he has given evidence of learning from experience. At the same time, weight must be given to the fact that the overall environmental situation has been relatively free of frustrating experiences for him in the past few years, particularly in view of the good wages he has been receiving. His own wife has ascribed modification of his past tendencies primarily to fear of return to a mental hospital rather than to innate changes in his personality.

## CASE II

W. D., twenty-five years of age on admission, of Irish parentage, then single, was committed for observation in January, 1946, having been charged with open and gross lewdness. He had been observed to be





exposing himself while seated, ostensibly reading, in the public library, whenever a young woman would pass his table.

His earlier history revealed a good home adjustment with his parents, who were somewhat protective of him. He never did well in school because of inability to grasp school subjects. When transferred to trade school, however, he showed considerable mechanical skill. He never worked steadily, having had odd jobs as a laborer, along with two enlistments in the Civil Conservation Corps, where he is said to have learned unwholesome sex practices. While single, there were never any abnormal sex manifestations noted by his parents. However, in 1937, he had been arrested for the same offense as that given above, and received a long-term probation. He entered military service in 1942 and received an honorable medical discharge in 1945 for filiarasis, which he had contracted in the Pacific area. Since his discharge, he has been depressed and discouraged and has been drinking heavily. Nevertheless, he had previously been regarded as cheerful and pleasant, and gave the impression of being more intelligent than the diagnosis of a state mental hospital in 1937 would indicate (Without Psychosis. Moron). His easy suggestibility, especially by persons usually regarded as not the most desirable characters, was felt to be his worst fault. His sexual impulses which, he said, he "could not help" were the cause of conflict with the law, with resultant commitment for observation. The period of observation was decided upon by the court because of the peculiar nature of the impulse and because of the earlier record.

In the hospital, W. D. made only a fair adjustment to the routine, being seclusive and uncooperative about work. His story of the incident leading to arrest was inconsistent and he made several entirely false statements. On the Bellevue Full Scale I.Q. test, he made a score of .67, which was on a moron level. Because of his poor judgment, impulsiveness, lying, and lack of understanding of the meaning of his sexual misbehavior, it was felt that he came into the category of the psychopathic personality. Since there were no psychotic symptoms, the diagnosis was: Without Psychosis. Psychopathic Personality with pathological sexuality. The chief etiological factor seemed to lie in the constitutional inadequacy (mental deficiency)







and the prognosis was guarded because of his poor judgment and lack of insight. He was discharged to the custody of the court with no recommendations as to treatment.

In District Court, the patient was sentenced to six months in the House of Correction. The case was appealed, and the Superior Court disposition consisted of a suspended sentence of six months and probation for two years. The reduction of sentence was accounted for chiefly by the fact that the patient came from a "good" home and had served creditably in the armed forces. There have been no known violations to date of the terms of probation, which still has several months to run. There has been no social service contact, except for monthly visits by the probation officer. These visits have been perfunctory and their purpose has been simply to ascertain whether probation terms are being kept, rather than oriented on a therapeutic or counseling basis.

Since discharge from the hospital, the patient has worked steadily as a laborer. Since last March, he has worked as a laborer for a local municipal water department, and is reported to be content with his work and generally well adjusted to it. In the psychosexual sphere, there has been no known display of the tendencies which had in the past led to trouble on two occasions. He was married several months ago to a girl said to be a student at a state teachers' college. Though the combination of a college student and a husband whose intellectual level has been evaluated twice as deficient may seem incongruous, nevertheless the marriage is considered happy so far, with a good sexual and social adjustment. The couple have been living in a small apartment in the home of the patient's parents in a residential district bordering on a commercial one. The home is neat and well-kept and is, in fact, the best-looking one on the street where it is located. The patient has no particular hobbies or social interests. The patient has been drinking socially but not to excess since his marriage. He gets along well with his parents, being the only son in the home, and his wife is said to get along equally well with them. The parents are still inclined to be protective. His attitude towards the authorities, that is, the hospital and the court, has been one of an "innocent victim," despite his admission of guilt at the time of arrest. Nevertheless, as he has become more contented, he has been more talkative and







cooperative in his interviews with the probation officer than he had been earlier. Plans for the future are to continue working in the present job and to find a home for himself and his wife.

In the few months since his marriage, the patient has made a much better social adjustment than he had in the past. Marriage and the hospital-court process are the only accountable factors for this change of conduct and attitude towards life. Whether such change is on a permanent basis is a matter for speculation only at the present time. While his present adjustment is inconsistent with the diagnosis of psychopathic personality, it is by no means inconsistent with the fact that an individual with such a diagnosis can adjust well and be a responsible member of society in the absence of environmental conflicts or stresses. Hence, while there may not be an amelioration of inherent factors, there can be, and there is in this case, an amelioration in the mode of life which in the past had been largely an outward manifestation of internal conflict plus inability to control impulses. As stated earlier, the only social service contact has been with a probation officer, a contact which has been brief as to duration and depth of interviews but stretched over a period of almost two years, hence probably beneficial in its influence on the patient.

At the hospital he made a good adjustment, and all behavior was within normal limits. It was felt his chief problem was a sexual maladjustment, more or







## CASE III.

This is the case of L.G., twenty-seven years of age at the time of admission in December, 1945, single, American citizen by birth, of Italian extraction. Complaints had been received by the police that a strange man had exposed himself indecently before young boys of a good residential neighborhood on several occasions. On the fourth or fifth such occasion, two small boys complained to their mother, who promptly called the police, and L.G. was arrested before he had time to return to his home, which was about a mile away. He admitted guilt as to the offense, and to previous similar episodes, saying the impulse to expose himself came after he had a few drinks. However, no alcohol was detected on his breath. Because of the peculiarity of his actions, plus the fact that he was known to come from an unstable family, he was committed to this hospital for thirty-five days' observation.

A review of the salient factors in his background reveals several interesting features. He was the next to the oldest of eleven children, and grew up in an atmosphere of economic insecurity, in a home of intense parental incompatibility, with an incompetent, immigrant mother and an overstrict father. He had a grammar school education only, and had been forced to repeat two grades for poor application. He had been ordered out of the house several times by his father for failure to find steady work. He did work intermittently at odd laboring jobs, usually quitting after a few months. He did not drink or smoke excessively. He had never expressed any interest in girls, masturbated habitually, and was believed to be a homosexual, though he denied this. Nevertheless, he was considered the "good boy" of the family in which several siblings had been delinquent and one was of very low-grade intelligence. He was 4-F in the draft because of psychoneurosis and varicose veins. He had never had any conflicts with the law previously, nor had he ever received social service or psychiatric guidance of any sort. In personality, it was said that he was sociable, mixed well in groups, appeared intelligent, but was high-strung in temperament, and never tenacious in his purposes.

At the hospital he made a good adjustment, and all behavior was within normal limits. It was felt his chief problem was a sexual maladjustment, more or







less on an infantile level. Diagnosis was: Without Psychosis. Psychopathic Personality. Mixed type. I.Q. test given in the hospital showed a level of 112 on the Bellevue Full Scale, this score being slightly above average. In its report to the court the hospital recommended simply discharge as not insane and return to the court for appropriate action. The report further stated that prognosis was poor as to heterosexual adjustment, and that the patient might present a serious social problem in the future. Upon return to the court, the patient was given a suspended sentence of three months and placed on probation for one year. The case was filed in December, 1946, no further trouble having come about.

Following discharge from the hospital, L.G. found a room in a cheap rooming-house, his father now refusing to have anything to do with him. He kept up and is still keeping up his home ties by furtive visits to his mother, to whom he is much attached, about once per week. He has held the same room in a transient neighborhood of Boston, which he shares with another man, ever since January, 1946. He has supported himself by a variety of unskilled jobs, such as stock clerk and bus boy in restaurants. In a little less than two years, he has held seven or eight jobs, quitting each for reasons which he himself cannot explain, beyond the fact that he "did not like the work." He states that he has quit these jobs, rather than being discharged from them. His present job, as a bus boy in a well-known Boston restaurant is the one he likes best of all those he has held. He works only two or three hours per day and earns twelve dollars per week. He feels that he cannot work longer hours because of his varicose veins, which are quite painful. He is content with the low pay, feeling that, with two meals per day provided free, he can afford to pay his low room rent and live simply but adequately on his wages. He states that he has no other source of income.

The patient has no interest in girls, saying he is afraid of catching a disease from association with them. His only admitted sexual outlet has been frequent masturbation, which he feels is safe and will not lead him into trouble. He has been living in the same room with his close male friend for almost two years, and admits constant companionship and mutuality of interests with him, but denies homosexual activities, or any abnormality of any kind in the relationship.







However, he admits to being quite content in this mode of life described. He denies any indecent exposures since discharge from the hospital, or even any desire to expose himself before men. Social activities have consisted simply in an occasional movie or a glass of beer with his room-mate. Otherwise he remains in his room evenings pursuing his hobby, which consists of charting the weather in a book he has been keeping up to date.

There have been no further arrests or court appearances. Nor have there been any contacts with social service agencies or with psychiatric guidance facilities. Plans for the future simply consist in living as he is a present, and to keep the same job. He admits guilt as to the offense for which he was committed to the hospital, and insists that the commitment "taught a great lesson in self-control, so as to avoid further trouble." During the interview, he appeared quite well poised, satisfied with his lot in life, unburdened by worry, and not at all nervous. His only complaint was of varicose veins which, however, he has not attempted to have treated. He dislikes his father very much, and stated he goes home occasionally only to see his mother. He bears no resentment either to the authorities who sent him to the hospital or to the hospital.

In almost two years since discharge from the hospital, L.G. has had no further contact with law enforcement or social agencies of the community. In the sense of anti-social conduct, he cannot be said to have continued in the trends that resulted in the original hospitalization, though the potentially dangerous element of sexual adjustment on a homosexual level has not been ameliorated. His spiritless personality, immaturity of judgment, frequent changing of jobs with adjustment on a vocational level far below innate intellectual capacity, effeminate body type and suspected homosexual activities - all of these factors suggestive of







some constitutional personality deficiency as well as of deviations that might have come about through unfavorable environmental influences, and all of these factors suggestive of the psychopathic personality - these are the elements which jeopardize the precarious adjustment achieved. Nevertheless, this adjustment undeniably represents an amelioration of the social problem responsible for arrest and commitment in 1945. Though fear of return to court or to a mental hospital is hardly a sound basis for amelioration, if strong enough it can serve to protect society against further anti-social actions by persons such as L.G. Social agencies of the community have played no part in this patient's adjustment since leaving the hospital and, since he has no insight into psychological factors, he is not likely in the future to request help unless in dire economic need.

#### CASE IV

L. L. was seventeen years of age at the time of admission in October, 1943. He was single, living with his parents, who were naturalized citizens of French-Canadian ancestry. He was arrested and charged in court with having committed an unnatural act, which consisted of sexually abusing a small boy.

He came from a family which was considered odd and socially backward and seclusive. His father was said to be very strict if not actually abusive to him. Nevertheless, in childhood he was considered docile and easy to manage. There were no neurotic traits. In school he was not a behavior problem, but did not mix well. He attended special classes for seven years and quit school at the age of sixteen to go to work. He worked for one year prior to







arrest, apparently making a satisfactory job adjustment. In personality, L. L. was considered odd, being slow and seclusive in manner and immature in appearance as well as in his social adjustment. No abnormal sex conduct had ever been noted, and there had never been any previous arrests or court appearances. The act of abusing the small boy was said by him to have been an ungovernable impulse, and he felt sure it would never happen again.

In the hospital, L. L. adjusted well to the routine, being cooperative and friendly. By his admission of guilt and the realization of the anti-social, immoral meaning of his action with the little boy, it was felt that he had at least a slight amount of insight. On the Bellevue Full Scale I.Q. test, he achieved the average score of 105, a score somewhat higher than his dull, apathetic appearance would have given rise to predict. No definite evidences of abnormality were noted during his stay in the hospital. His constitutional inferiority and earlier lack of parental guidance of a sensible sort were the chief background factors responsible for his divergent personality. Diagnosis was: Without Psychosis. Psychopathic Personality with pathological sexuality. He was discharged to the custody of the court with no recommendations as to treatment. The outlook for future behavior was held to be poor. The court disposed of the case by imposing a suspended sentence of one year, with probation for the same length of time. He observed the conditions of his probation, hence the case was filed at the end of the period.

Since discharge from the hospital, there has been no contact with social agencies, nor have there been any arrests or court appearances. The patient has adjusted well in the work he has done. He did unskilled labor in a defense industry for some time, then transferred to unskilled work in a paper company about one year ago, remaining employed throughout.

He is still unmarried, though he went out steadily with a girl his own age for several months. However, for reasons that could not be ascertained during the investigation, this relationship was broken off. Lately, he has not been going out socially at all. With his somewhat effeminate build, and with the action for which he was arrested in







1943, it is likely that there is a strong homosexual component, though homosexual activities could not be elicited. At any rate, he has not committed any illegal acts during the years since his discharge, as far as could be ascertained.

He does not participate in any social undertakings, remaining at home most evenings or going out to a movie, usually alone. The seclusiveness, which had been noted at the time of observation, still is present, making a satisfactory social adjustment impossible to achieve. He does not drink at all. As far as home setting is concerned, he still lives with his parents in a sparsely furnished but neat home in an average middle-class neighborhood. Family relationships are not close, the home atmosphere seeming one of indifference, but on the other hand, there is no overtly expressed antagonism.

With regard to the patient's personality, no prominent psychopathic traits have been evident since discharge from the hospital. However, his peculiar manner has persisted. He is ill at ease and speaks in an unnatural, stilted manner. There is a generalized attitude, not of guilt, but of a certain self-protection which is not quite frank. He admits guilt as to the offense mentioned earlier, saying emphatically that it has not and will not happen again. He is respectful but suspicious towards authority. At any rate, he has proven generally cooperative in the past. He has no special plans for the future, either with regard to work or to marriage.

With regard to externalization of his interests, there has been no improvement in this patient's adjustment since discharge from the hospital. However, there have been no known instances of repetition of the type of anti-social conduct responsible for his arrest. The period of observation seems to have produced the effect on him of recognizing the consequences of such conduct, indicating that he has learned a lesson from experience. However, the home atmosphere has







been more congenial than it was in the past, his parents evidently having examined and corrected to some extent their own relationship with him. This easing of the home situation may account in large measure for the somewhat better all-round adjustment. However, the odd, deviant personality has not changed, and the outlook for the future is still definitely guarded. Except for the few superficial contacts with the probation officer during the period of probation, there has been no dealing with social service agencies of the community.

#### CASE V

W. R., forty years of age at time of admission, a widower, an American citizen by birth, of Anglo-Saxon ancestry, was committed for observation in September, 1945. There were two charges against him, one for neglect of minor children, the other for carnal knowledge of his daughter.

His history reveals a background of mediocre adjustment. As a child, he was said to be bright and happy until, at the age of four, he suffered a head injury. From that time on, he seemed retarded in his thinking and activity, but no other changes were noted immediately. His father was a policeman, stern and strict with his children, while his mother tended to dominate the home environment and to supervise her children too closely. This rigid atmosphere was enough from the start to inhibit normal development of the patient, his brothers and sister. The patient did poorly in school, being unable to keep up in his classes, and left at the age of fourteen to go to work. His work adjustment was hardly better, with many jobs interspersed with periods of unemployment (during the depression). He worked as factory sweeper, truck driver, and helper in an express business. He was married at the age of twenty-six to a woman several years older than himself. His wife remained loyal to







him during a four-year period which he spent in the state prison for a sex offense. His pattern of sexual abnormality was already well established when his wife died in 1944, leaving three children for the patient to bring up. The arrest for which he was committed for observation was merely the last in a series of serious sexual delinquencies. He was at the time providing very little money for the support of his three children, and was providing even less training for them. One night, he was seen through a curtainless window to be undressing before his oldest child, a girl, then fourteen. When he was arrested, this girl told the police lurid stories, which he denied, of sexual relations with her father. Because of these incidents, as well as because of his apparently low intelligence and poor previous adjustment, he was sent for observation to this hospital.

In the hospital, he made a good adjustment to the routine of the wards, being quiet, friendly, and cooperative. There was some peculiarity of behavior, which was childish, and of mood, which was euphoric. Nevertheless, no psychotic symptoms were noted. He achieved a "dull normal" score of .86 on the Bellevue Full Scale I.Q. test. The patient continued to deny all accusations against him, except that he might have been "careless" about undressing when his daughter was nearby. Throughout there was a lack of emotional tone. There was no feeling of guilt or realization of maladjustment. It was felt by the staff that his difficulties were primarily on a constitutional basis, as his history would point to. Diagnosis was: Without Psychosis. Psychopathic Personality with pathological sexuality - Borderline intelligence. He was returned to the court with the recommendation that, as a potential danger to the community, custodial care for an indefinite period was advisable.

He was sentenced to three months in the House of Correction on the charge of neglect. The charge of carnal knowledge of his daughter was changed, for the lack of proof, to a charge of gross lewdness, and a sentence of one year was imposed, to run concurrently with the other sentence. He was released at the end of ten months, because of "good behavior." He had maintained his innocence of the charges throughout, but when sentenced made no complaint or attempt at appeal, and adjusted well to confinement.







Since his release from confinement, there have been no further arrests or court appearances. There have been two social service contacts. The first was late in 1946, immediately after his release from confinement, when he had no place to live. The Department of Public Welfare gave him temporary aid (aid had also been provided for the care of the children through the jail period) and permitted him to live in the city infirmary for several weeks until he found a job. Aid was solely on this, not on a case work basis. After he found a job, all assistance was stopped. The children, all this time, were living in the home of a maternal aunt and grandmother, a home that was - and is - very poorly kept. Recently, a children's protective agency was called in to investigate home conditions, in which the patient has taken no responsibility beyond weekly visits (which fits in with his long-term pattern of irresponsibility). To date, no action has been taken on this investigation. The two oldest children are said to be feeble-minded and to be disciplinary problems, the natural outcome of inferior heredity and poor environment.

The patient has held two jobs since discharge, both as dish-washer, the first in a state hospital, the other, which he presently holds, in a cafeteria. He quit the first one because of the long hours, poor pay, and difficulty with his supervisor. He is said to be adjusting well on the present job, which he has held for close to a year. The type of work he is doing is in keeping with his mental capacity, but he is restless and desires to find work as a truck-driver. His prison record limits job possibilities, but he is not sensitive on the point.

He has been living in a rooming-house near the home of his mother, who has been supervising his activities closely, with no resentment on his part. He has felt few sexual inclinations, and these have been satisfied by local prostitutes. There has been no difficulty with his daughter, especially inasmuch as he has not seen her alone at any time. Social activities consist of an occasional movie or a drink. He has no close friends, and no desire to make any, living largely within himself. His personality is, as indicated, self-centered, his intellect dull, and there is a paucity of emotional feeling, all of these characteristics typical of a psychopath with borderline intelligence. Despite the lack of color in his life,







he is neither lonely nor bored, but rather quite contented with his lot, as he was when in the hospital. His attitude towards authority is simply one of indifference. There is no resentment against authority. While he contributes money to the support of the children, they are not included in his hopes for the future.

While W. R. has not shown the characteristic of temperamental instability often seen in a psychopath, he has shown traits typical of a psychopath of borderline intelligence, such as immaturity, lack of control of sexual impulses, an asocial disposition, irresponsibility, and lack of interest in his environment. Since his commitment for observation and subsequent jail term, he has adjusted on a level consistent with his intellectual capacity and emotional inadequacy. Within this limiting frame, his adjustment has been generally good, inasmuch as there have been no anti-social acts committed. That there have been no sexual misdemeanors is undoubtedly due more to strict supervision by his mother and to diminished desire on his part than to the acquisition of self-control or of moral feeling at this stage in life. The actual adjustment, then, may represent an amelioration of the social problem originally seen, but there has been no modification of innate factors in his personality. With regard to social service agencies, Public Welfare has helped him in his initial adjustment after release from confinement, as well as in providing money for the support of the children, while a protective agency has meanwhile







entered the scene to insure proper care for them. Thus, the patient's family are protected against his inadequacies.

#### CASE VI

G. S. was committed for observation in March, 1946. He was thirty-five years of age at the time of admission, married, an American citizen by birth, of German-Irish descent. In court, he was charged officially with drunkenness, though the original complaint had been "open and gross lewdness and lascivious behavior." For several years, whether drunk or sober, he had been bringing strange men into the house late at night to have sex relations with his wife, because this was the only thing that stimulated him. Finally, he had roused his twelve-year-old daughter out of bed, requesting her to participate in this performance, one night when he came home intoxicated. His wife objected and fled from home, accompanied by the daughter. She then called the police, who arrested the patient. Because of the nature of the offense, to which he admitted guilt but blamed on intoxication, the judge felt that he should be committed for mental examination.

The patient's background was an unstable one. His father had been a heavy drinker, abusive when drunk, good when sober. His mother was said to have been unhappy, prim, and religious to a fanatical degree. In such an atmosphere, it was hardly surprising that the patient should develop psychological conflicts and maladjustment in the psychosexual sphere. Tuberculosis in childhood had been arrested. His work history was one of frequent job changes but fairly constant work as a truck-driver. In personality, he was suggestible, sensitive, quick-tempered, and inclined to worry. His emotional instability became more pronounced as he took on marital responsibilities. His marriage, to a relatively immature girl, was happy for the first few years. However, the patient began to feel more and more impotent, despite the fact that no organic defect was known to exist, and sexual satisfaction could only be obtained after he had observed other men with his wife. She herself made no objection to this bizarre procedure until the daughter, oldest of three children,







was brought into the picture, The patient never felt that there was anything wrong in this sort of action. The patient's earlier court record had consisted of three entries for traffic law violations.

At the hospital, he adjusted well. Despite neurotic symptoms of sleeplessness, nervousness, and a frequently upset stomach, he was quiet and cooperative on the wards. While he did not appreciate the moral factor in his actions, there were no psychotic symptoms. He achieved an above-average score of 118 on the Bellevue Full Scale I.A. test, a score which belied his dull appearance and manner. Diagnosis, based on his actions, lack of appreciation of their significance, emotional instability, irritability and quick temper over trivial matters, was: Without Psychosis. Psychopathic Personality. Mixed type. The hospital discharged him to the court at the end of the observation period with no recommendations for treatment.

Court disposition consisted of a suspended sentence to the House of Correction of one year, and probation for two years. He has reported regularly to the probation officer, and there has been no violation of parole since its imposition. There have been no further arrests or court appearances, even for traffic violations, despite the fact that the patient is a taxi driver.

There have been two social agency contacts. Both have been with public health agencies, for nursing and medical care of the children at times of illness in 1946. No contact for guidance or psychiatric treatment has been made by the patient.

He has been working steadily as a taxi driver, earning an average of seventy dollars per week. With these earnings he has supported his family in an adequate fashion. He has been contented in this work, which has provided at least a partial outlet for his restless, nervous disposition.

In the psychosexual sphere, though marital relations are infrequent, there has been no repetition of the actions which had led to commitment, the patient now showing some awareness of former impropriety. Relationships within the home have also been more harmonious than was formerly the case. Though cheaply







furnished, the apartment where the family live is neat and shows evidence of interest in its care on the part of both the patient and his wife. It is situated in a slum neighborhood and the plan is to move when a better one can be found.

There have been no noteworthy personality changes. The desire to avoid future trouble with the law is primarily the reason for this change, rather than the acquisition of innate moral feeling. There has been less drinking also, the patient knowing that an arrest for drunkenness would constitute violation of probation. In his attitude towards authority, there is no resentment either of the police or the hospital. With regard to the hospital, he feels that the period of observation did him good in that it "provided a rest." Plans for the future are to continue on the same job and to move to a better home whenever this will be possible.

Since his hospitalization, the patient has made a better social adjustment. At least, there has been no manifestation of the former abnormal sex tendency. This, of course, has not meant a cure. Rather, it has sprung from a desire to remain out of future trouble, which represents some ability to learn from experience. His present adjustment is more socially acceptable than was the old one, and has brought about greater harmony in the home. There have been two social service contacts, both for practical help - that is, medical and nursing care for the children. No guidance or psychiatric treatment of the patient has been attempted, though periodic visits to the probation officer have bolstered his desire to avoid further trouble with the authorities, and undoubtedly are partially responsible for the improved adjustment.







## GROUP II - POOR ADJUSTMENTS

### CASE VII

This is the case of GB, who was thirty-nine years of age at the time of admission in June, 1945. He had been arrested for assault and battery against his wife and, because of paranoid ideas expressed in court against her, plus his long history of marital maladjustment and record of numerous arrests for drunkenness, it was decided that he should be committed for thirty-five days' observation.

The historical material is significant. The patient was the middle child of seven born to Italian immigrant parents. The father was a heavy drinker and the mother was described as nervous and quarrelsome. After a few years of marriage and the addition of responsibilities in the form of five children, the temperamental differences between the patient and his wife became an increasing point of discord. With the emotional and physical incompatibility which began to manifest itself, the patient began to drink and to be abusive to his wife. Between 1928 and 1945, he was arrested twenty-two times. Three of these arrests were for non-support, three for assault and battery, and the remainder for drunkenness. Shortly before his commitment to this hospital, he had voluntarily spent ten days in a local city hospital for observation for a physical complaint. There the diagnosis was: Neurasthenia and Hypochondriasis. This is the overall background of emotional instability in a son of insecure, immigrant parents, complicated by the need to assume responsibilities which he was not sufficiently mature to meet.

One night, GB saw his wife in the company of a soldier. He followed her into a tavern and there, before her escort, accused her of infidelity. When she expressed resentment at having been followed, he began to strike her with his fists. It was then that he was arrested and charged with the complaint mentioned above, terminating with his commitment for observation. At the time of arrest, he had been drinking.

The patient made a good adjustment to hospital







routine. He was said to be a good worker, cooperative, and a good mixer. The only symptoms which could be noted on the ward were muscular tension, difficulty in sleeping, and occasional depression. He scored .96 on the Bellevue Full Scale intelligence test, which findings were considered representative of native endowment. Because of his emotional immaturity, with defect of judgment, unstable personality, failure to learn from experience, mood swings for apparently trivial causes, and what seemed to be a constitutional inadequacy, without any actual intellectual disturbance, the hospital diagnosis was: Without Psychosis. Psychopathic Personality. Mixed type.

There were no particular hospital recommendations to the court. Hence, on the expiration of the observation period, G.B. was returned to court for disposition as the judge might see fit. A suspended sentence to the House of Correction of six months was imposed. G.B. managed to keep out of trouble with the law until nine days before this six months' period was due to expire. At this time, he was again arrested for drunkenness, his earlier sentence was revoked, and a new one of three months to the House of Correction imposed. Following release, he did not drink intemperately for about six months, during which period he was separated from his wife. Then came four more arrests for the usual offense, drunkenness, in the short space of four months. No penalty was imposed on any of these occasions. Then G.B. again separated from his wife, to go to live with his parents, and there have been no further arrests for almost a full year. Whether his good recent record can be maintained in the future is open to question. He has just recently, within the last month, returned to live with his wife and children.

There have been several social agency contacts on this case, though none of them has been on a long-term case work basis. The patient and his wife were both seen at a psychiatric clinic late in 1945. The wife was seen three times, and was given the diagnosis of psychoneurosis as manifested by somatic complaints and stimulated by marital incompatibility. The patient was seen one time only, and no diagnosis was made. It was noted that he seemed paranoid toward his wife, and admission to the hospital was considered but not carried out, because of his refusal. Further appointments were made, but he did not return. Boston Dispensary, Catholic Charitable Bureau, and St. Vincent







de Paul contacts were all for help on medical or financial matters related to the children during a period when the patient was out of work, and only one visit was made to each of these agencies. During the period when there were four arrests for drunkenness in four months (see paragraph one on page 39), a protective agency was called in on a complaint of neglect of children. It was stated that the five small children were left at home alone all day, and that they were nervous in the presence of the patient, because he was abusive when drunk. However, despite the severe home maladjustment, the wife was protective of patient and he of her, and no court action was taken on the complaint.

G.B. has worked only irregularly, since discharge from the hospital, in July, 1945. For a few months he worked as a laborer, then suffered an arm injury at work, and drew workmen's compensation for almost a year thereafter, before obtaining a new job as a truck driver, about two months ago. On a job he is said to adjust satisfactorily as long as he does not drink, when he tends to have arguments with fellow employees and employers. He has had difficulty in obtaining jobs because of his jail record, and feels that his record will turn people against him without justification.

As stated above, the patient has recently returned to live with his wife and family, though no change has taken place in the degree of incompatibility. Reconciliation, a short period of relative harmony, then arguments, perhaps a few blows, along with excessive drinking, then separation and later a new reconciliation - these varying conditions have assumed a regular pattern in their lives. When away from his wife and family responsibilities, G.B. has been living with his parents and adjusting more satisfactorily. He has no social or community interests worthy of note. Drinking habits have been irregular, periods of intemperance coinciding with periods of marital incompatibility. During periods of relative well-being, when he is sober, he is considerate to his children, and a fair provider. Nevertheless, he becomes very easily upset, and this outstanding personality trait apparently has contributed as much as any other in his overall life maladjustment. He has been to many doctors with somatic complaints, usually with no basis in physical findings. His attitude to authority has been one of







childlike dependency at times, resentment at others, depending on the particular authority and the circumstances. In any case, authority serves as an object on which to project his own childlike feelings and attitudes, variable as they are, and as a means of escaping personal responsibility for the difficulties in his life. Although inclined to worry, he has no concrete plans for the future.

As can be seen from the above summary of the patient's life since discharge from the hospital, his emotional immaturity and instability, typical of a psychopath, complicated by alcohol and marital incompatibility, have combined in such a way as to preclude a satisfactory and responsible social adjustment. The hospital-court process has had no perceptible effect on his way of living or on his overall adjustment, either in the sense of giving him insight or in the sense of scaring him into more socially acceptable conduct. Five arrests for drunkenness since discharge from the hospital provide ample evidence for this statement. Nor can it be said that the four social agency contacts have resulted in an amelioration of this patient's unwholesome personality trends or the effects of them on the lives of members of his family. However, the agencies were able to provide help in practical areas for the family, all of which is, of course, to their benefit. Though only greater perspective of time can tell accurately, it does not appear that there has been any amelioration of problems originally presented. Social agencies of the community have been actively helping in practical spheres, but no case work with the object of







resolving personality conflicts has been instituted, largely because of refusal by the patient and his wife.

### CASE VIII

This is the case of F. C., forty-three years old, of Anglo-Saxon parentage, who was admitted to the hospital for observation in March, 1944, following arrest for drunkenness. He had become hysterical and abusive when his wife came home late one evening after her shopping, and ordered her out of the house. This was the culminating event in a long history of marital difficulties, of drunkenness, and of quarrels with his own mother over ownership of the family home.

A review of the patient's past history indicates that he had never achieved a really satisfactory adjustment in any important sphere of his life - school, work, and marriage. He had received a dishonorable discharge from the Navy in 1918, for stealing aboard ship. He had many odd jobs after this, working more frequently as a salesman than at any other occupation. His marriage was a failure almost from the start, despite the fact that he is now the father of three bright, attractive, and well-cared for children. The lack of harmony is traced to infidelity, at least on the part of the patient, and mutual accusations of infidelity. Other factors were the patient's heavy drinking and ugly disposition when under the influence of alcohol. He enlisted in the Merchant Marine in 1942, but lost his eyesight in a fight his first night aboard ship, and was discharged immediately. He was made totally blind. There were twenty-seven arrests from 1926 to 1944, seven for assault and battery, six for auto violations, eight for drunkenness, two each breaking and entering and for larceny, one for non-support, and one for accosting a female. In personality he was said to be conceited but a good mixer, possessing a fiery, uncontrollable temper but when sober pleasant and sociable. He lacked in will-power and perseverance. As indicated above, his commitment was the culminating event in a history of almost continual conflict with his family and with authority.

He adjusted well to hospital routine, being described as helpful, a good mixer, friendly and talkative, happy and optimistic. He scored a "very supe-







rior" rating of 133 on the Bellevue Verbal Scale I.Q. test. Because of emotional immaturity, temperamental instability, projection of blame rather than acceptance of guilt for his offenses and for his poor social relationships, and because of his long history of maladjustment, it was felt that his was definitely an abnormal personality. There were no indications of deviation in the intellectual sphere. Diagnosis was: Without Psychosis. Psychopathic Personality. Mixed type (chronic alcoholism). He was thereupon returned to the court with no recommendations for treatment, and the court disposed of the case with imposition of a fine of ten dollars.

Since discharge from the hospital, the patient has had no contact with the social agencies of the community. However, he has had five arrests, four of which have been for drunkenness, and one for threats (to his mother). His only job in the past three and one-half years was as a laborer in a shoe factory. He held this job for four months, but quit it, about a year ago, because he did not like to work and did not need the money, being able to subsist on his government pension. He has not worked since, saying that if he should need money, he would go to the Department of Public Welfare. He does not feel that his blindness is a handicap in working, and states that it is not a factor in his lack of employment.

F. C.'s psychosexual adjustment has been as inadequate as his work adjustment. His wife left him following the argument that resulted in his commitment to the Metropolitan State Hospital, taking the children with her. His only contact with her since that time has been to pay her money for the support of the children. He has no feelings for her, either of regret, remorse, or resentment. He has had sexual relations with women whom he has met in cafes and bars, freely stating that he has had no anxieties in this respect. He has no hobbies or interests in social or community undertakings. Though he denied that he drinks, other sources reveal that every few weeks he drinks excessively, becoming loud and abusive. When he takes one drink he is unable to stop, drinking to the point of intoxication and exhaustion. Thus, his drinking habits have not changed since his hospitalization.

He has been living in a dingy, one-room apartment in the home of his mother in an average, middle-class,







residential neighborhood, since separation from his wife and family. He lives on the third floor, and his mother, who is afraid of him since he has threatened to kill her, lives alone on the first floor. Whereas he is largely indifferent to his wife, the patient has expressed hatred of his mother who, he states, has had him arrested several times for drunkenness when really she has only been trying to get him "put away," so that she might gain complete possession of the house. Since the mother is aged and invalid, it is doubtful if she would actually want the house, though there is no question but that she considers this son abnormal.

Though imposing of voice and stature, he displays hardness of feeling and total absence of affection. He is immature in judgment, temperamentally unstable, has not learned from experience, and his projection of blame for his difficulties amounts to a paranoid trend against his mother and others. He appears cheerful in mood, whether describing his mother's alleged faults, his own blindness, or his lady friends. He bears no resentment against the hospital or the court. But since he did not feel that anything was the matter with him in the first place, he did not feel that the period of hospitalization was particularly beneficial to him. He has no concrete plans for the future, hoping merely to continue to live in the present manner.

A patient is pictured here who has continued to show anti-social patterns since his discharge from the hospital. He has had several arrests for drunkenness and has caused his mother to live in fear of her own safety. Except for the fact that he no longer has his wife nearby as a source of friction, or victim of it, his pattern of behavior has not changed. His own personality accounts almost entirely for his inability to achieve a good social adjustment. At any rate, he feels well adjusted, even if the community has been unable to adjust to him. The fact that his wife and







children have moved away does represent an amelioration of the social problem originally presented, but it does not represent an amelioration of the personality factors responsible originally for the problem. Social service agencies of the community have had no part in dealing with the patient since his discharge from the hospital. Since he thinks of them only in financial terms, he will not seek help until he needs money. There is particularly well defined in this case an absence of sympathetic emotional feeling.

#### CASE IX

R. C. age sixteen, was committed for observation in March, 1946, after having been charged with assault with intent to rob. He is an American citizen by birth, of Irish and American parentage.

A glance at his background reveals that he had been from childhood a nervous, sensitive boy, always seeking adventure. He came from an economically insecure home, and the heredity was tainted with mental illness on the paternal side. The mother was incapable of maintaining discipline of her seven children, and had more than once called in the police for help when the family got out of control. The patient did poorly at school. From the age of thirteen, sex had been his only real interest and, since he had poor control and no moral feeling in this area, had gotten into trouble several times. Prior to admission to this hospital, he had been sentenced to and paroled from a disciplinary institution for boys on three different occasions and for progressively serious misdemeanors. The offenses for which he had been sentenced were in each instance for assault on young girls, including one instance of brandishing a knife. On mental examination in 1944 in a state mental hospital, diagnosis was made of: Primary Behavior Disorder in Childhood, Conduct Disturbance. Prognosis was then stated to be poor with regard to future ability to conduct himself in a







normal fashion. A few blows on the head in childhood were said to have left no sequelae. After leaving school, at the end of the seventh grade, he worked as a pinboy in a bowling alley. Soon after his most recent parole, he became involved in the trouble which led to commitment for observation at this hospital. On this occasion, he had assaulted a twelve-year-old boy in an empty parking lot. He had thrown this boy to the ground, disrobed, and robbed him of the few cents he had in his pockets. There was no sexual act committed. Mental examination was felt to be required because of the progressively anti-social nature of his aggressive acts.

While at the hospital, he was at first depressed and apprehensive, but rapidly adjusted to the routine in a satisfactory manner. He was inclined to be boastful rather than remorseful about his offenses, showing that he was already conditioned for future trouble. There were no psychotic symptoms. A score of .93, or dull normal, was achieved in the Bellevue Full Scale I.Q. test. In personality, he was sensitive but boastful, quick tempered and unstable emotionally, and his only interests were in sex and morbid, violent stories. There was no sense of guilt or desire to conform to social forms of living. Despite his youth, the diagnosis was: Without Psychosis. Psychopathic Personality with asocial and amoral trends. The hospital then discharged him to the court, with no special recommendations for treatment, since it was felt he would not respond to any treatment yet devised. In the hospital report, it was observed that longterm, closely supervised confinement was indicated, as the patient was proving himself a menace in the open community.

The court disposed of the case by imposing an indeterminate sentence to an industrial school for boys. While there, he showed "psychosexual conflicts," but was considered a good worker. Conduct was good, and improvement satisfactory. He was quiet, respectful, and willing, though unkempt and slow. All in all, he adjusted well in this closely supervised environment. So, in February, 1947, he was paroled to his home.

Less than a month after his parole, he was arrested again. This time the charge was murder.

The day prior to arrest, he had worked at the bowling alley as usual, then left in the afternoon to go to a movie. After the movie, he had stood outside







the theatre and, when a twelve-year-old girl came out, he followed her. As she crossed an open lot on her way home, the patient assaulted her. A sex attack was attempted but, according to the patient, unsuccessfully. As they were struggling on the rocky ground, she suddenly became quiet, and R. C. fled the scene. The next morning, her half-clothed body was discovered. Hearing about the murder, R. C.'s mother asked the police to check on his actions of the previous day. The result was arrest on suspicion of murder. The patient later admitted in substance the story related above, though he denied killing the girl.

Following arraignment in superior court, he was committed to still another state hospital for mental examination. Here he again adjusted well and showed no psychotic symptoms. He gave a puerile, fantastic story of events leading up to the crime, accusing "a kid who followed me and hit me over the head." He showed very little emotionality over the crime or over the possible consequences to himself, which lack was in keeping with the general emotional inadequacy displayed in the past. Nevertheless, he seemed to appreciate the difference between right and wrong. Diagnosis was the same as that given at the Metropolitan State Hospital a year earlier, namely: Without Psychosis. Psychopathic Personality with asocial and amoral trends. It was recommended that he be returned to custody of the court to stand trial.

On October 21, 1947, the last day of the trial, the plea was changed from "not guilty" (which would have called for the mandatory death penalty if found guilty by the jury) to "guilty in the second degree." Because of R. C.'s youth and lack of precedent for imposition of the death penalty on a person of his age, the judge accepted this plea. The next day, the patient was sentenced to life imprisonment at the State Prison. Throughout the trial, in keeping with his lack of emotional feeling, R. C. had remained calm and expressionless. There was no change of manner or attitude when sentence was pronounced.

The psychopathic pattern of impulsive, violently aggressive, anti-social actions was well established in this patient by the time he was committed for observation. However, because he adjusted reasonably well, as have many







psychopaths, to closely supervised, institutional life, he was given "another chance" in the open community. This was too much for him.

His maladjustment to home and community life came out again, this time in the most serious form that it had yet taken. His failure to learn from past experience is striking here. Despite several previous commitments for assaulting girls, his sexual impulse again overrode any "censorship" that might have entered his mind. So the result was a sexual assault, resulting "accidentally" in murder.

The most important factor in this patient's post-hospital adjustment was his immature, unstable personality, the chief manifestation of which was impulsive, aggressive actions on a sexual basis.

The only social service contact was one visit by the industrial school visitor to the patient's family, shortly after his parole from that institution, just prior to his arrest on suspicion of murder. This visit was supervisory in nature and superficial in scope. No long-term guidance or psychiatric treatment had been attempted in the industrial school or in the hospital where he was later sent for observation.

#### CASE X

This is the case of M. D., twenty-three years of age on admission in March, 1944, who came to the United







States from his native Italy in 1937, and whose citizenship was acquired through his father. He had been arrested on a charge of abduction and statutory rape, which was later changed to a charge of fraudulently and deceitfully enticing a girl under sixteen years of age to marry against her mother's consent. Because of his resentment on arrest, lack of discipline, untruthful statements, and lack of respect for authority, he was committed for thirty-five days' observation.

Not many details have been given with regard to M. D.'s background history. He went to school in Italy for five years. He worked on various odd jobs after arrival in this country, doing unskilled labor and showing very little interest in it. He joined a Civilian Conservation Corps unit in 1940, but deserted and was dismissed a year later. He enlisted in the Navy in 1942. He was discharged almost immediately due to a diagnosis of mental deficiency. He was said to be maladjusted to the ways and customs of the United States, a non-conformist, emotionally immature, and constitutionally inadequate. He smoked and drank moderately, and had two arrests. One of these, in 1939, was for assault and battery, the other a few months later for failure to attend night school, where he was learning English and American customs. A few months prior to the arrest for which he was committed for observation, he had met a fifteen year old girl, became infatuated with her and, over the protests of her family, had married her. She was arrested as a stubborn child and also committed for observation.

While in the hospital, the patient adjusted reasonably well to the routine, though inclined to be sullen, resentful, and to keep to himself. He was easily angered, reacted poorly to discipline, but did not incite trouble. No psychotic symptoms were noted. He obtained a score of .89 on the Bellevue Full Scale I.Q. test, findings which indicated dull normal intelligence. However, difficulty with language was a factor in the score. Because of his emotional immaturity, poor judgment, variability of emotions, and disposition to become easily upset, the diagnosis was given as: Without Psychosis. Psychopathic Personality. Mixed type. He was then returned to the court with the recommendation that civic and further general education be given. This recommendation was carried out, and he has been required to attend night school classes ever since. With regard to court disposition, the charges were filed, and the marriage, to which the







patient's parents never objected, was allowed to stand.

There has been no contact with social agencies of the community, nor has there been psychiatric guidance. In December, 1944, M. D. was again arrested, this time on a charge of assault and battery brought by his mother after he had become excited during a family quarrel and threatened to strike her with a piece of furniture. The next morning in court, she decided not to press the complaint, so he was given a suspended sentence of three months and placed on probation. A few months later, he was again arrested, this time on a charge of sauntering and loitering, when he refused to obey a police officer's order. His suspended sentence was revoked, and he was committed to the House of Correction for three months, receiving a parole a month before the expiration of the sentence due to good behavior. In the past two years, he has not had any arrests or court appearances.

He has worked only intermittently on laboring jobs, not having learned a trade or acquired any particular work interest. His psychosexual adjustment has also been poor. His wife became the brunt of his violent temperamental episodes, and he beat her frequently. She died in childbirth in 1945, as did the baby. A few months later, the patient remarried. This marriage terminated when his wife left him, terrified by his violent outbursts. He has since made his home with his parents and five brothers in a large, clean house in a residential section largely populated by Italian immigrant families. Except for night school, which he has been attending regularly but without enthusiasm, he has not participated in any community or social undertakings. His drinking habits have remained moderate and have not played any part in his social maladjustment. He has been living quietly at home, not going out with girls, and somewhat subdued since his second wife left him. Relationships within the home have improved somewhat, also, largely due to the fact that he has been threatened with expulsion if he should lose control of his temper or become violent in any way.

Despite being now somewhat more subdued than in the past, M. D. remains immature emotionally, easily excited, and very resentful of authority. He has acquired a working knowledge of English, and this has tended to make easier his relationships outside the home. He is inclined to worry and, though he does not







actually feel persecuted, states that the police do not like him and would arrest him on the slightest pretext, naturally without justification. With regard to hospitalization for observation, he feels that the judge had him committed for no good reason, and that as a result he has developed a fear of insanity. Being inclined to brood but not to develop insight, he does not feel that the hospitalization was of any value to him. He has no plans for the future which he views pessimistically.

The events which have transpired in this patient's life since his discharge from the hospital fit into the pattern that can be expected from a psychopathic personality with the particular constellation of traits he has shown in the past. In the work, social, and marital spheres the failure to adapt successfully is apparent. The chief factor in this failure lies in the general inadequacy of the personality, which has been seen to be immature, unstable, and subject to violent misdirections of energy, probably of an impulsive nature, in the form of temper outbursts. His below normal intelligence must also be considered as a factor in his difficulties. Other members of the patient's family have adapted successfully to life in a new country. Hence, his own failures cannot be ascribed to the strangeness of conditions, though this factor may have played a minor role in his maladjustment. There has been no contact with social service agencies of the community. While an authoritarian approach has shown little sign of impressing the patient favorably, it is open to question whether a case work service might be of benefit.







## CASE XI

J. M., an American citizen by birth, of Irish ancestry, was committed for observation in July, 1944, at the age of sixteen years. The charge against him was for being a "lewd, wanton, and lascivious person in speech or behavior." This charge was made following his arrest as a runaway, and as a result of his admission that he had earned money through homosexual activities with strangers encountered in Boston.

J. M.'s mother had died when he was just a small child and, while fond of his stepmother, he was afraid of his stern father. Since childhood, he had run away from home habitually. His father, though only a laborer, owned a good home, and the entire family with the exception of the patient were said to be normal and contented living together. In school J. M. was backward, repeating five grades, and presenting a disciplinary problem because of his mischievousness. He was placed in a foster home by the Division of Child Guardianship for a time, but was a problem there, and was eventually returned to his father's home. At home, he displayed no abnormal sex tendencies, but whenever he ran away, he would obtain money by homosexual practices. In 1943, he was examined in a mental hospital and the diagnosis there given was: Without Psychosis. Mental deficiency - Moron. Despite the intellectual deficiency, he was considered a cheerful, happy boy. However, he was sensitive and easily upset. Neurotic traits of periodical enuresis and nervous twitching have been noted. In addition to the behavior aberrations mentioned above, he lied and frequently did petty stealing. His difficulties culminated in his arrest and commitment for observation because of the repetitive nature of his misconduct, as well as because of the sexual deviation.

In the hospital, he was quiet and cooperative, and made an essentially good adjustment to the routine. No abnormal conduct or symptoms of any kind were noted during the period of observation. He achieved a "borderline" score in the Bellevue Full Scale I.Q. test. Diagnosis was: Without Psychosis. Psychopathic Personality, with pathological sexuality. This diagnosis was made on the basis of the emotional instability, marked irresponsibility, repetitive nature of his misconduct, and utter lack of moral or "censorship" feeling for his actions. It was felt that, since the







environment had not been abnormally difficult for the boy, the chief etiological factor in his misbehavior was constitutional inferiority. The prognosis was considered poor, but no specific recommendations for treatment could be made in the letter to the court which explained that he did not belong in a mental hospital. Accordingly, he was returned to the court at the end of the period of observation. There he was given a suspended sentence and placed on probation.

The probationary period expired without further trouble, the patient working in a bowling alley and remaining quietly at home in his spare time. However, in December, 1945, one year and one half after the original arrest, he was arrested once more, this time charged with idle and disorderly conduct. He was found guilty in district court and sentenced and committed for six months in the House of Correction. After release, he returned home, went back to his job, and was model in his behavior at home. The idle and disorderly conduct charge in 1945 was associated with runaway and homosexual activity, as was the one for which he had been committed to this hospital for observation. He remained at home subsequently, giving his family reason to hope that a permanent modification of behavior had taken place. Unfortunately, this was not so. One day in January, 1947, he left home to go to work, but did not return. His family did not hear from him again until May, at which time it was learned that he had been arrested by federal authorities on a charge of transporting stolen automobiles across a state line. For this, he was sentenced to six months in prison, in North Carolina. He wrote regularly from prison, saying frequently that he had "learned his lesson." Though he was released from prison on November 6, he did not ask for money to come home. He said that he would "work his way home." A month later, his family still have not seen him and, in the absence of letters, can only speculate as to what situation his vagrant and otherwise anti-social tendencies may have gotten him into.

The patient is still unmarried and not known to have women friends. There is no direct evidence of homosexual behavior since 1945. He has no special hobbies, and social activities have consisted in the past in loitering in pool rooms. He has never drunk to excess. No important changes have been noted in his personality, except that he is felt now to be less easily upset than as a boy, but more impulsive in his







actions, as the sudden runaway episodes might tend to indicate. When in custody, he has always been cooperative to authority, but in his lying on questioning there is more than suspicion that this cooperativeness is merely superficial and that there is no genuine feeling for self-improvement. He has been respectful and even affectionate with his father in the past few years, but the father feels that underlying this attitude there is some fear and distrust.

This patient appears not to have benefited from the period of observation in any respect. Nor has society benefited from the process it has set up for observation and classification, in his case. As nearly as can be determined, the chief factor in this young man's maladjustment to societal living is a constitutional defect in personality and, perhaps, in intellect. Chief manifestations of his personality deviation are seen to be planless living, vagrancy, lying, stealing, disorder of the sexual drive, lack of ability to change and, presumably, lack of will to change the nature of his conduct. To round off the bad combination there is the borderline intelligence. Inasmuch as J. M. has never asked help of social service agencies, there has been no contact since his discharge from the hospital, except with the Parole Board, which is more closely related to law enforcement than to social service.

#### CASE XII

E. S., twenty years old at the time of admission, of Irish-American extraction, single, was committed for observation in January, 1946. He had been involved in a serious automobile accident, and there were several







charges against him. These were: manslaughter, operating under the influence of alcohol, operating so as to endanger, and false statement (re registration of the automobile). Because of his known instability and record of eleven arrests within the past twelve-month period, the authorities felt that mental examination was called for.

The patient is the tenth of a family of sixteen children. His father was unemployed the last few years of his life, due to illness, hence Public Welfare had to provide assistance. The mother is a dominant, garrulous type, protective of patient. The other children were said to be normal, but the patient was always argumentative at home and did poorly in school, where he was inattentive and a disciplinary problem. Thus it is seen that his maladjustment was of long-term duration. He enlisted in the Army in 1942, at the age of seventeen. Though nervous and irritable in training, he volunteered for Infantry service overseas, and was accepted. He did well in combat, caring little for his own safety. He was commissioned as an officer in the Rangers, a special combat unit, despite his youth. While brave in combat, he got into trouble on numerous occasions when his unit was in rest areas, receiving several courts-martials. Finally, he was wounded, remaining unconscious eight days, and was returned to this country, where he received an honorable disability discharge. His diagnosis in a military hospital was: Hysteria, acute, manifested by amnesia. There were numerous arrests for drunkenness while in the service, and in the year prior to admission to this hospital. In personality, he was impulsive, erratic, and when angry lost all self-control. Following his disability discharge, he became very nervous and irritable, as well as assaultive when drunk. Shortly before his admission here, he was arrested on a charge of assault with intent to rape. However, he was not prosecuted on this charge. As can be seen from the foregoing account, his instability was leading to offenses more and more serious in nature. Finally, he was involved as the driver in the auto accident mentioned above, and committed for observation.

In the hospital, he made an essentially good adjustment, being cooperative and friendly on the wards. No symptoms were seen except an occasional period of restlessness and agitation, quickly overcome. Mental examination revealed no abnormality of intellect. However, he conspicuously lacked insight, feeling that he







was "just unlucky." Because of his faulty judgment, quick changes of emotion, assaultiveness and general lack of control, and long history of serious maladjustment, a diagnosis of psychopathic personality was suggested. Official diagnosis was: Without Psychosis. Psychopathic Personality. Mixed type. Accordingly, he was returned to the custody of the court. The hospital made no particular recommendations for treatment. The question of head injury did not enter into the diagnosis or disposition.

The other charges having been filed, he was found guilty on the count of operating under the influence so as to endanger, and sentenced to three months in the House of Correction. New charges were entered and he was also sentenced for one month, each to run concurrently, on charges of assaulting a police officer, and making false statements. While in the House of Correction, E. S. attempted suicide by cutting his arm with a razor blade. He was then sent to another state hospital for observation. There the diagnosis was the same as that of the Metropolitan State Hospital, and he was returned to custody. Back in his cell, he became disturbed and noisy, assaulted an officer, and again attempted suicide. He was then sent to still another state hospital, where the diagnosis of "Psychosis, Undiagnosed" was rendered. He was finally released still "undiagnosed," and finished his jail term peacefully.

The basic instability of his character is further shown by his later court record. From September, 1946 to September, 1947, he was arrested six times, on a total of nine counts (four for drunkenness, two for assaulting a police officer, one for disturbing the peace, one for nonsupport, and one for malicious injury to property). All this despite nine months of the year spent either in correctional institutions or mental hospitals. As of December 1, 1947, he was finishing out a sentence interrupted by ten days' observation in yet another state hospital, where the diagnosis of psychopathic personality was again rendered. The most recent symptoms were of dizzy spells, depression, and alternating impulses to commit suicide or to assault.

With so much time spent in various institutions, there have been only fleeting intervals for community living. Nevertheless, he has found time to do work as a laborer and to get married and divorced. He adjusted well for the first few weeks of marriage, he and his







bride living in the crowded home of his mother. However, being easily upset, the quarrels between his mother and his wife angered him, and he started to drink again, with the result that his bride left him and he got into further trouble with the authorities, as seen in the paragraph above. His mother is still protective in her attitude and pampers him, saying that military service is responsible for his trouble. When sober and undisturbed by some minor incident he is said to be pleasant and cooperative. Unfortunately, his peace of mind is, as his history indicates, very easily broken up. There are no special plans for the future.

From the difficulties experienced by E. S. in virtually every phase of adjustment since discharge from the hospital, it would seem that the period of observation was not a climactic event, but just another episode in his longer career of anti-social and self-destructive activities. The basically unstable personality, as characterized by fits of anger, drunkenness, assaultiveness, and suicidal attempts, is the factor largely responsible for the maladjustment. Interestingly, it seems that the suicidal attempts have been made following frustration of attempts to vent anger on other persons in the environment. Instead of subsiding, the anger merely changed direction. While it is undoubtedly true that some factors in the outside environment, such as an over-protective mother, economic insecurity, and difficult military service, must have played a part in the overall degree of maladjustment, nevertheless, this case illustrates well what seems to be a certain constitutional deficiency in the psychopath. It is as though the element of control was simply lacking in the personality structure.







Hence, the adjustment achieved since discharge, with several arrests, further commitments for observation, and a broken marriage as its main features, could hardly be said to represent an amelioration of the original problem. Because of the severity of the personality and conduct disorders social service agencies have not and would not fit into the general scheme of social treatment in this case.

these are considered as an introduction to follow.

The original... rather broad... ment. A table... Table 1 these... section, consisting... ing for nineteen... of these offenders... psychomotor... accounts for... The second section... all of which the... tively minor factor... In a review of the... arrests, etc. etc.







## CHAPTER V

### PRELIMINARY SURVEY OF TWENTY-SEVEN CASES

In this chapter, it is the intention of the writer to present material on the entire group of twenty-seven patients directly related to the hospital-court process. Offenses for which committed, hospital adjustments, court disposition; these are considered among other factors. The chapter serves as an introduction to the actual study of later adjustments to follow.

The original group of twenty-seven cases presented a rather broad variety in the offenses which resulted in commitment. A total of eighteen separate charges is recorded. In Table I these have been listed in two sections. The first section, consisting of eleven different charges and accounting for nineteen of the total twenty-seven cases, is made up of those offenses which clearly show a disturbance in the psychosexual sphere of adjustment. Such a disturbance, then, accounts for 70.38%, or over two-thirds of the entire number. The second section comprises the remaining eight cases, in all of which the psychosexual component was either a relatively minor factor or did not enter into the problem at all.

In a majority of the cases, these were not first arrests, nor was it the first hospitalization in a consider-







able number. According to the study planned by Howard B. Monahan,<sup>1</sup> twenty-four (88.88%) of the patients had been arrested one or more times in the past, and nine (33.33%) had been observed in mental hospitals one or more times prior to the commitments with which this research is concerned.

Some degree of intoxication is seen to have been a factor in fourteen (51.85%) of the total number of arrests, though drunkenness was the sole cause for arrest in only one case. This serves to emphasize the oft-held opinion that alcohol releases drives which, in more sober moments, might remain inhibited. Broken down further, alcohol was a more or less important factor in ten of the nineteen arrests for offenses in the psychosexual area, and either the chief cause of arrest or a contributing factor in four of the remaining eight.

Percentage distribution by age groups has not produced any significant findings, inasmuch as there is representation in every age group except one from ages sixteen to sixty.

(See Table II.) Ten (37.03%) of the patients were twenty-five years of age or younger at the time of commitment.

Eleven (40.73%) ranged between twenty-six and forty. The

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<sup>1</sup> Howard B. Monahan, "A Study of Factors in the Histories of Twenty-Eight Male Psychopathic Personalities," tentative title for planned Master's Thesis, Boston University School of Social Work, 1948.







TABLE I.

TYPE AND NUMBER OF OFFENSES RESULTING IN COMMITMENT OF  
 TWENTY-SEVEN ADULT MALE PATIENTS FROM 1943 TO 1946.

Offense	Alcohol as a Factor		Total	
	No.	Per Cent	No.	Per Cent
<u>Group I - Psychosexual</u>				
Abduction and statutory rape			1	3.70
Assault and battery (children)	2	14.29	3	11.12
Assault and battery (wife)	1	7.14	3	11.12
Assault with intent to murder (wife)	1	7.14	1	3.70
Carnal knowledge of daughter			1	3.70
Drunk and lewd	2	14.29	2	7.41
Exposure of person			1	3.70
Open and gross lewdness	2	14.29	3	11.12
Rape and incest	1	7.14	1	3.70
Threats (to daughter)	1	7.14	1	3.70
Unnatural act			2	7.41
Totals	10	71.43	19	70.38
<u>Group II - Others</u>				
Armed robbery			1	3.70
Assault with intent to rob	1	7.14	2	7.41
Drunk	1	7.14	1	3.70
Operating under influence so as to endanger-manslaughter	1	7.14	1	3.70
Vagrancy			1	3.70
Vagrancy and larceny	1	7.14	1	3.70
Willfully setting fire			1	3.70
Totals	4	28.56	8	29.61
Overall totals	14	99.99	27	99.99

2 Ibid. Note title.







remaining six patients (22.24%) were between the ages of forty-one and sixty. The slightly reduced number in the older age span may be accounted for in part by the fact that basic drives become less urgent in more mature years, producing less likelihood of conflict with society.

It is not the purpose of the writer to delve further into background factors which might have played a part in the anti-social acts responsible for arrest, such as evaluation of childhood and work influences, nationality, etc. Such study is within the scope of the projected thesis by Howard B. Monahan<sup>2</sup> on the same group of patients.

The individual patient's adjustment to the hospital, to the routine, and to the other patients, is noted throughout the period of observation, information about which helps the staff in establishing a diagnosis. The writer was interested in this matter as a means of determining a presumably non-psychotic patient's reaction to hospitalization in a mental institution, and his behavior in a secure, closely-supervised environment. The criteria for determining hospital adjustment include: The patient's cooperativeness and willingness with regard to ward routine and work; his degree of sociability with the other patients on the ward; his attitude towards the

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2 Ibid. Note title.







TABLE II.

PERCENTAGE DISTRIBUTION OF TWENTY-SEVEN  
PATIENTS BY AGE GROUPS.

Age Groups (in years)	No.	Per Cent
16 - 20	6	22.22
21 - 25	4	14.81
26 - 30	3	11.11
31 - 35	4	14.81
36 - 40	4	14.81
41 - 45	1	3.71
46 - 50	3	11.11
51 - 55	0	.00
56 - 60	2	7.42
Total	27	100.00

TABLE III.

HOSPITAL ADJUSTMENTS OF TWENTY-SEVEN PATIENTS  
COMMITTED FOR THIRTY-FIVE DAYS OBSERVATION.

Adjustment	No.	Per Cent
Good	19	70.37
Fair	6	22.22
Poor	2	7.41
Total	27	100.00



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Fair	6	22.22
Poor	2	7.41
Total	27	100.00



staff; presence or absence of clearly defined, abnormal mental trends. Using these criteria, two patients were found to have adjusted poorly, one being completely seclusive and uncooperative, the other showing definite psychotic symptoms. Six others were felt to have made "fair" adjustments, mainly due to inconsistency of behavior and attitudes, being sullen and resentful at times, but cooperative and friendly at other times. The remaining nineteen patients (70.37%) were cooperative, mixed reasonably well, and behaved in a more normal manner. These nineteen, then, made what can be termed as a "good" adjustment to hospitalization. (See Table III.) No correlation could be established between adjustment and type of offense for which committed. Since confinement was only of thirty-five days' duration, no important conclusions can be drawn from the type of adjustment achieved. It can be said, however, that away from the frustrations (and opportunities) of community life, and desirous of minimizing punishment for their offenses, these patients seem in most cases capable of conforming to strict standards of conduct and behavior. Such a conclusion fits in with the statement that: "Psychopaths seldom exhibit impulses which are absolutely irresistible, and none of them is incapable of distinguishing right from wrong."<sup>3</sup>

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<sup>3</sup> Leland E. Hinsie and Jacob Shatzky, Psychiatric Dictionary, p. 444.







In the matter of intelligence, the group as a whole fell into line with the usual conception of intelligence in the psychopathic personality. That is, the normal curve of distribution was closely approximated. According to the intelligence test given (Wechsler-Bellevue) at the hospital, thirteen of the patients (48.14%) scored within the normal range, seven (25.93%) achieved superior scores, and seven were below normal, two (7.41%) of whom were judged to be mentally deficient. (See Table IV.)

TABLE IV.

RANGE OF SCORES ACHIEVED BY TWENTY-SEVEN PATIENTS ON INTELLIGENCE TESTING.

Range	No.	Per Cent
Superior	7	25.93
Normal	13	48.14
Below normal	5	18.52
Mentally deficient	2	7.41
Total	27	100.00

All of the sub-classifications within the larger grouping of psychopathic personality were included in the diagnoses, except that of "pathological emotionality." The sub-classification used most frequently was "mixed type," inasmuch







as most cases contain features of more than one type within themselves. (See Table V.)

TABLE V.

DIAGNOSES OF TWENTY-SEVEN PATIENTS COMMITTED FOR OBSERVATION

Diagnosis	No.	Per Cent
1. Psychosis with Psychopathic Personality.	1	3.70
2. Without Psychosis. Psychopathic Personality. Mixed Type.	15	55.55
Pathological Sexuality.	5	18.52
Asocial and Amoral Trends.	4	14.82
Chronic Alcoholism.*	1	3.70
Mental Deficiency - Moron.*	1	3.70
Total	27	99.99

With regard to court disposition of the twenty-seven cases, the writer was interested in determining whether or not any particular pattern of correction or treatment could be traced. Because non-psychotic patients could not be placed in a mental institution for treatment, the only courses open

\* These sub-classifications are no longer used as such, but might be used in parentheses to define more clearly the diagnosis. For example, "Without Psychosis. Psychopathic Personality. Mixed type (chronic alcoholism)."







to the court were confinement in a correctional institution, or the alternative of permitting them to return to the open community.

The patient found psychotic during observation was transferred by the court to a hospital for the dangerously insane. Eleven patients (40.74%) were given suspended sentences, or placed on probation for periods up to two years. Ten (37.01%) were given sentences to correctional institutions. Charges were filed in three instances (11.11%). One case (3.71%) was disposed of by imposition of a fine. One patient was acquitted of the charge, after he had appealed his case in Superior Court. (See Table VI.) No particular pattern emerges from these figures, beyond the fact that most of the cases were disposed of in the usual criminal court procedures.

TABLE VI.

COURT DISPOSITION OF TWENTY-SEVEN PATIENTS  
COMMITTED FOR OBSERVATION.

Disposition	No.	Per Cent
Suspended sentence and/or probation	11	40.74
Committed to correctional institution	10	37.01
Charges filed	3	11.11
Acquitted of charge	1	3.71
Fine	1	3.71
Transferred to State mental hospital	1	3.71
Total	27	99.99







The sentences to correctional institutions were varied, both as to type of institution and length of term. Table VII shows that sentences varied from three months to life. The particular institution chosen by the court depended on the character of the offense and the age of the offender. (See Table VII.)

Five (50%) of the sentences were for offenses related to the psychosexual sphere of adjustment, although a higher proportion of the original arrests (70.37%) were for offenses in the same area. Four sentences were for terms of three or more years and, since their recipients were still in confinement at the time that this thesis was written, they are eliminated from further consideration.

Specific recommendations as to disposition were made by the hospital in only a few cases, and in each instance the court followed the recommendation. The psychotic patient was transferred to a state hospital for the dangerously insane. The patient found to be a mental defective was given an indeterminate life sentence to an institution supervised by the Department for Defective Delinquents. The third on whom a specific recommendation for a particular type of custodial care was made, was given an indeterminate sentence to the State Industrial School. However, having behaved well there, he was paroled within a year, and returned home only to commit a murder a month later.







TABLE VII.

OFFENSES AND SENTENCES OF TEN PATIENTS COMMITTED TO  
CORRECTIONAL INSTITUTIONS AFTER OBSERVATION.

Offense	Institution	Term
Armed robbery	Men's Reformatory	5 years
Assault and battery (children)	House of Correction	3 months
Assault with intent to murder (wife)	State Prison	3-5 years
Assault with intent to rob	House of Correction	3 months
Assault with intent to rob	Industrial School	Indeterminate (Paroled after 10 months)
Carnal knowledge of daughter	House of Correction	15 months (Paroled after 11 months)
Operating under influence so as to endanger - manslaughter	House of Correction	3 months
Rape and incest	State Prison	12-20 years
Unnatural act	Dept. for Defective Delinquents	Indeterminate life sentence
Vagrancy and larceny	State Farm	2 years







The majority of the patients returned to life in the open community either immediately upon discharge from the hospital, or after having served a short sentence, as was seen in Tables VI and VII (supra). Three of them have since moved to other states and could not be reached for follow-up study. These three, in addition to one transferred to another mental hospital, and four given long prison sentences, totaling eight, have not been considered in the actual study of later adjustments.

Because the nineteen patients studied intensively had been discharged from the hospital at various dates between April 1, 1945 and April 1, 1946, and because some served short prison sentences prior to returning to the community, there are considerable individual differences in the amounts of time covered in their social adjustments. Table VIII shows the length of time that the patients have been in the community since hospitalization, with appropriate subtraction having been made to allow for jail terms which followed commitment. These figures do not allow for jail terms which have been served for offenses committed since discharge from the hospital. Thus, all of the patients have been in the community, since discharge from the hospital, an average of thirty-four months each, not counting later jail terms. They have all been released to the community for periods ranging from ten to fifty-four months. (See Table VIII.)







CHAPTER VI

SURVEY OF NINETEEN PATIENTS STUDIED INTENSIVELY

In the preceding chapter, a preliminary survey was made of the entire group of twenty-seven patients, with emphasis on factors bearing directly on the hospital-court process. In this chapter, the adjustments of nineteen patients after their discharge from the hospital are studied.

Because the nineteen patients studied intensively had been discharged from the hospital at various dates between April 1, 1943 and April 1, 1946, and because some served short prison sentences prior to returning to the community, there are considerable individual differences in the amounts of time covered in their social adjustments. Table VIII shows the length of time that the patients have been in the community since hospitalization, with appropriate subtraction having been made to allow for jail terms which followed commitment. These figures do not allow for jail terms which have been served for offenses committed since discharge from the hospital. Thus, all of the patients have been in the community, since discharge from the hospital, an average of thirty-four months each, not counting later jail terms. They have all been released to the community for periods ranging from ten to fifty-four months. (See Table VIII.)







An important factor in the social adjustments of the nineteen patients studied since discharge from the hospital has been the later court records. During the brief average span of thirty-four months, eight patients (42.11%) have been arrested one or more times, for charges ranging from minor traffic violations to murder. Eleven (57.89%), however, have had no further difficulty with the law-enforcement agencies of the community. The repetitive pattern often seen in the psychopath's anti-social acts is brought out in the fact that those eight patients referred to have been arrested a total of twenty-seven times, or an average of 3.4 times each, since discharge from the hospital. As shown in Table IX, drunkenness and assault and battery have accounted for a preponderance of the total arrests, the figures being fourteen (51.86%) and five (18.53%) respectively.

Two of the arrests were for sex offenses. One of these was assault and battery on two little girls, resulting in a sentence of eighteen months to the House of Correction, an offense much similar to the one committed by the same patient at the time of hospitalization, for which he had been sentenced to three months in the House of Correction. The other sex offense, consisting of attack and murder of a twelve-year-old girl, was committed by a parolee who had earlier committed an assault with intent to rob, and who, it had been recommended by the hospital staff, should have been given long-term



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TABLE VIII.

LENGTH OF TIME IN THE COMMUNITY OF NINETEEN PATIENTS  
SINCE DISCHARGE FROM HOSPITAL.

Time in Community (in months)	No.	Per Cent
10 - 14	2	10.53
15 - 19	1	5.27
20 - 24	4	21.04
Average mean time, 34.11 months each.	1	5.27
25 - 29	1	5.27
30 - 34	1	5.27
35 - 39	0	.00
40 - 44	5	26.31
45 - 49	4	21.04
50 - 54	1	5.27
Total	19	100.00

TABLE IX.

TYPE AND NUMBER OF ARRESTS OF EIGHT PATIENTS  
SINCE DISCHARGE FROM HOSPITAL.

Type of Offense	No.	Per Cent
Assault and battery	5	18.53
Drunk	14	51.86
Idle and disorderly	1	3.70
Larceny	1	3.70
Malicious injury to property	1	3.70
Murder	1	3.70
Nonsupport	1	3.70
Threats	1	3.70
Traffic law violations	2	7.40
Total Offenses	27	99.99







custodial care. Except for the offenses related above, all others were minor in character, the maximum penalty for any of them being six months sentence to the House of Correction.

Because alcoholic excess had played a large part in the original difficulties of the patients, the writer felt that drinking habits since discharge from the hospital would be worthwhile investigating. If a patient was arrested for drunkenness or for any other offense while in a more or less intoxicated condition, the criterion of "periodical excess" was used. There being no more exact way to determine temperance, all other cases were declared "temperate." By these criteria, five (26.31%) of the nineteen patients have been drinking to a point of periodical excess, while fourteen (73.69%) have been temperate. (See Table X.) These figures, showing alcohol to be a factor in the arrests of five (62.50%) out of the eight patients with arrests since discharge from the hospital bear some correlation with the figures in the arrests of the original twenty-seven patients, wherein alcohol was a factor in fourteen (51.85%).

Work and work adjustment were deemed important factors in determining overall adjustments, particularly in view of the fact that, in these days of virtually full employment, an individual can find and keep a job, provided he is not adversely affected by forces within himself or within his social environment. Patients were classified first with







regard to the type of work performed or trained to perform. Three broad types are distinguished: White collar and skilled trade; semi-skilled trade or labor; casual and unskilled labor. One patient, having been in the community only one month prior to re-arrest, was not considered in the table set up. Of eighteen patients in the community and capable of work, ten (55.55%) are classified in the casual or unskilled labor bracket. Five have been engaged in or trained to do semi-skilled work (27.77%), while the remaining three (16.67%) have done white collar or skilled work. (See Table XI.)

TABLE X.

## DRINKING HABITS OF NINETEEN PATIENTS IN THE OPEN COMMUNITY

Amount	No. of Patients	Per Cent
Periodical excess	5	26.31
Temperate	<u>14</u>	<u>73.69</u>
Total	19	100.00

Degree of stability in employment was an entirely different matter. If a patient changed jobs every few months, with periodical unemployment between jobs, during which he lived either on savings or unemployment compensation, he was considered irregularly employed. If he remained steadily at







TABLE XI.

TYPE OF WORK PERFORMED BY EIGHTEEN  
PATIENTS IN THE COMMUNITY.

Type of Work	No.	Per Cent
White-collar or skilled trade	3	16.67
Semi-skilled trade or labor	5	27.77
Casual or unskilled labor	10	55.55
Total	18	99.99

the same job or changed infrequently, with little or no unemployment in between changes, he worked "steadily." If employed not more than one month in a year, he was considered as having "no employment." Using these criteria, the steadiness of employment proved to correlate somewhat with the amount of skill or training possessed by the individual. Thus, the three patients who performed white collar or skilled jobs (none in a profession) all remained steadily employed, and one rose to a supervisory position in the shop where he worked. In Table XII, these three are designated as "Group I." In the semi-skilled group (Group II) three worked steadily, one irregularly, and one not at all. In the casual or unskilled labor group (Group III), only two worked steadily, while



TABLE XI.

TYPE OF WORK PERFORMED BY EIGHTEEN PATIENTS IN THE COMMUNITY.

Type of Work	No.	Per Cent
White-collar or skilled trade	3	16.67
Semi-skilled trade or labor	8	44.44
Casual or unskilled labor	10	55.56
Total	18	99.99

the same job or changed infrequently, with little or no unemployment in between changes, he worked "steadily." If employed not more than one month in a year, he was considered as having "no employment." Using these criteria, the steadiness of employment proved to correlate somewhat with the amount of skill or training possessed by the individual. Thus, the three patients who performed white collar or skilled jobs (none in a profession) all remained steadily employed, and one rose to a supervisory position in the shop where he worked. In Table XII, these three are designated as "Group I." In the semi-skilled group (Group II) three worked steadily, one irregularly, and one not at all. In the casual or unskilled labor group (Group III), only two worked steadily, while



seven worked irregularly, and one did not work, though capable of doing so. In all, two (11.10%) did no work, and the "irregular" and "steady" categories totalled eight persons (44.45%) each.

TABLE XII.

DEGREE OF ECONOMIC STABILITY OF EIGHTEEN  
PATIENTS IN THE COMMUNITY.

Amount of Employment	Group I	Group II	Group III	No.	Per Cent
Steady employment	3	3	2	8	44.45
Irregular employment	0	1	7	8	44.45
No employment	<u>0</u>	<u>1</u>	<u>1</u>	<u>2</u>	<u>11.10</u>
Totals	3	5	10	18	100.00

Inasmuch as disturbances in the psychosexual sphere of adjustment were major factors in nineteen (70.37%) of the twenty-seven original arrests, study in this area was desirable in evaluating the adjustments of the nineteen patients subsequently released to the open community. At the time of commitment, seven of these nineteen were married, two were widowed, one was divorced, and nine were single. By November 30, 1947, of the original group of seven married men, one was now widowed, remarried and divorced, two others separated







from their wives, and four marriages remained intact. (See Table XIII.) Of the four marriages which remained intact, two are said to have become happier in the intervening months, due to fundamental compatibility, increased mutual understanding, and relative absence of environmental stresses. There have been no further arrests in either of these cases.

In one of the other two marriages which have remained intact, fundamental compatibility has continued to keep the family together despite economic inadequacy of the patient, while the fourth marriage has been marred by frequent temporary separations due to temperamental differences. This last patient has been arrested several times for drunkenness, the only one of the group of four to have had further arrests.

Neither of the two patients whose wives were deceased has remarried since discharge from the hospital. Nor has either of them been arrested, though one has lived on the fringe of legality by engaging local prostitutes as "housekeepers" in his home. The divorced patient has not remarried, nor has he had any further known difficulty in the psychosexual area. Of the original group of nine single men, two have since married and seven have remained single. One of the two who married was divorced by his wife after only a few weeks living together. His lack of stability has been reflected also in several recent arrests for minor offenses. The other single man who married, originally arrested for a



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In one of the other two marriages which have remained

intact, fundamental compatibility has continued to keep the family together despite economic inadequacy of the patient,

while the fourth marriage has been marred by frequent temporary separations due to temperamental differences. This last patient has been arrested several times for drunkenness, the only one of the group of four to have had further arrests.

Neither of the two patients whose wives were deceased

has remarried since discharge from the hospital. Nor has

either of them been arrested, though one has lived on the

fringe of legality by engaging local prostitutes as "house-keepers" in his home. The divorced patient has not remarried,

nor has he had any further known difficulty in the psycho-

sexual area. Of the original group of nine single men, two

have since married and seven have remained single. One of

the two who married was divorced by his wife after only a

few weeks living together. His lack of stability has been

reflected also in several recent arrests for minor offenses.

The other single man who married, originally arrested for a



sex offense, has since settled into an essentially happy and productive existence.

The seven single men who remain to round out the total of nineteen constitute the largest group who have not changed in status since discharge from the hospital. Two of these men have committed serious sex offenses. A third has been arrested for larceny of an automobile. He and a fourth former patient have adjusted on a homosexual level, but no charges have been brought against them in this regard. A fifth single man has been suspected of accosting girls, but there has been no proof. The sixth and seventh patients in this group have had no difficulties of any kind, nor have any definite sexual maladjustments been noted.

To summarize, five (26.31%) of the total nineteen patients are now married and living with their wives. One of the five is definitely unhappy, because the marriage is marred by frequent, temporary separations. Two patients (10.53%) have separated from their wives. Three (15.79%) are now divorced. Two (10.53%) are widowed. The remaining seven (36.84%) are still single.

These figures, showing only five out of nineteen adult males to be living normal married lives, obviously correlate with the general tendency of psychopathic personalities to show disturbance or, at least, lack of normal integration in their psychosexual adjustments. The fact that two of the



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group have been involved in sex offenses of serious nature merely confirms the tendency insofar as these particular patients are concerned. There are now fewer marriages and more separations and divorces than at the time of commitment, showing evidence in the group as a whole of inability to maintain ties that have been established. Of course, this condition would not be inconsistent with the typical psychopathic pattern.

TABLE XIII.

## MARITAL STATUS OF NINETEEN PATIENTS.

Status	At Time of Commitment		Nov. 30, 1947	
	No.	Per Cent	No.	Per Cent
Married	7	36.84	5	26.31
Separated		.00	2	10.53
Divorced	1	5.26	3	15.79
Widowed	2	10.53	2	10.53
Single	9	47.37	7	36.84
Total	19	100.00	19	100.00

Have many of the patients had contacts with social agencies of the community, since discharge from the hospital? If so, what types of agencies? Investigation has brought out that eleven (57.89%) patients have had one or more contacts, a total of nineteen registrations having been recorded by



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the Social Service Index. The remaining eight patients (43.11%) have had no social agency contacts.

None of the patients has received long-term psychiatric or social service guidance. The most intensive service received has been in the correctional area, with five patients having had three to twenty-four interviews with probation officers. Five patients have also been given financial and case work aid by private social agencies, but with all five the contacts were sporadic. Three have been seen in clinic or hospital social service departments, for one or two interviews in each case, and three have been given temporary financial assistance by Public Welfare. A protective agency has been called in to investigate home conditions (relative to children of the patients) in three cases, but the agency did little or no actual case work with the patients themselves.

None of the patients has sought psychiatric or long-term social service guidance, and none has been requested by authorities to seek such treatment. In the one case known to the writer where such guidance was urged upon a patient, he failed to return after his first visit. Thus, most of the nineteen agency contacts, except for those with probation officers, were connected with practical assistance in financial emergencies.



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TABLE XIV.

TYPES OF SOCIAL AGENCIES CONTACTED ONE OR MORE TIMES  
BY ELEVEN PATIENTS WHO MADE SOME USE OF SOCIAL  
SERVICE RESOURCES OF THE COMMUNITY

Type of Agency	No. of Registrations	Per Cent
Private case work agencies	5	26.31
Probation officers	5	26.31
Hospital or clinic social service	3	15.79
Protective case work agency	3	15.79
Public Welfare	3	15.79
Psychiatric guidance	0	.00
Total	19	99.99

It may be noted that little emphasis has been placed on treatment. Correctional measures have in general taken the form of punishment in accordance with penal codes. Society has protected itself against future offenses by these patients and individuals like them largely to the extent that it has placed them in institutions. Perhaps the chief reason that long-term psychiatric or social service guidance has not been carried out as a means of correction in any of the cases lies in the somewhat pessimistic prognosis generally given to the psychopathic personality: "All authorities give a poor prognosis in these cases. Some state that a few improve after middle life . . . . It seems safe to state that the



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Type of Agency	No. of Registrations Per Cent
Private case work agencies	8
Probation officers	8
Hospital or clinic social service	3
Protective case work agency	3
Public Welfare	3
Psychiatric guidance	0
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disease is of lifelong duration in almost every case."<sup>3</sup>

## CHAPTER VII

### SUMMARY AND CONCLUSIONS

It has been the purpose of this study to determine insofar as possible the social adjustments of a group of nineteen former patients within a limited period of time after their discharge from the hospital. Attention has been given to major factors influencing and forming part of the overall adjustments, such as work, marital relationships, and later court records. While major emphasis has been placed on the patients' adjustments to society, perhaps, in an incidental sense, the results of the research give some indication also as to how society has adjusted to psychopaths. Or, at least, to this particular group.

In presenting introductory material, such as an offense, hospital adjustments, and court dispositions, the writer has made use of the records of the entire original group of twenty-seven patients, in order to give more weight and wider scope to whatever statistical conclusions could be drawn. However, the actual study of later adjustments was concerned

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<sup>3</sup> Harry F. Darling, M.D., "Definition of Psychopathic Personality," The Journal of Nervous and Mental Disease, 101:125, February, 1945.

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For the offenses which resulted in commitment, there



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For the offenses which resulted in commitment, there



were eighteen separate charges placed against the total group of twenty-seven patients. Nineteen of the offenses (70.37%) were sexual in nature, or related to the psychosexual sphere of adjustment. Alcohol was also an important factor, having been either the primary cause or a concomitant cause in fourteen (51.85%) of the total number of arrests.

During the period of hospitalization, nineteen (70.37%) of the patients adjusted well to routine and to institutionalization. Though this may seem surprising when one considers their backgrounds of instability and difficulty with authority, it is to be remembered that the observation lasted only thirty-five days. Nevertheless, it is significant that such patients appear to react well to a strict, closely supervised, institutional environment.

As measured at the hospital, intelligence quotients followed closely the normal curve of distribution for the population as a whole. Thirteen of the patients (48.14%) achieved scores in the normal range. Seven (25.93%) made superior scores, while the remaining seven were below normal or mentally deficient, thus providing an even balance in the total range of scores. This group, then, was not atypical of the general conception of intelligence in the psychopath.

With the exception of one patient who was diagnosed as "Psychosis with Psychopathic Personality" and transferred through the court to another state mental hospital, all the



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patients were diagnosed as "Without Psychosis. Psychopathic Personality . . . ." They were then returned for disposition to the courts which originally had committed them. Since there were no special facilities available for handling offenders of their type, they were disposed of by means of usual procedures in criminal cases. Suspended sentences were given in eleven cases (40.74%). Ten were committed to correctional institutions (37.01%) for sentences ranging from three months to life. Five out of these ten were released within one year, hence included in the study of later adjustments. Charges were filed in three cases (11.11%). One patient (3.71%) was fined a small amount, and one was acquitted of the charges for which he had been committed.

One measure of later adjustment is the court record. Since discharge from the hospital, the nineteen patients studied intensively had been in the open community for a mean average of thirty-four months each on November 30, 1947, excluding time spent in correctional institutions for later offenses. Within this short time span, eight of the nineteen patients (42.11%) were re-arrested one or more times, for offenses ranging from minor traffic law violations to a widely-publicized sex murder. A total of twenty-seven arrests has been recorded, giving these eight patients an average of 3.4 arrests each. Alcohol was a concomitant factor in the arrests of five of the group, or 26.31% of the group of nine-







teen, while fourteen (73.69%) have been temperate.

With regard to employment, one patient was not in the community long enough to be included in the statistics. Of the eighteen employable individuals, ten (55.55%) have been only irregularly employed or entirely unemployed. Eight (44.45%) have been steady income producers.

As has been noted, psychosexual disturbances were partly or wholly responsible for a high proportion of the original arrests. Therefore, an important means of measuring later adjustments would naturally lie in this area. It has been found that, whereas seven (36.84%) out of these nineteen patients had been married and living with their wives prior to commitment, only five (26.31%) had comparable status at the time of follow-up study. Whereas none was separated originally, two (10.53%) have separated since discharge from the hospital. One had been divorced prior to commitment. Two more have since come under this category. There has been no change in the number of widowers - two. Nine patients (47.37%) were single when committed. This sub-group has continued to outnumber the others, though it has since been reduced to seven (36.84%). Actually, when the separated, divorced, and widowed are added, there has been an increase of two in the number of men living without socially accepted means of release for their sexual drives. There are, then, five patients (26.31%) married and living with their wives,







while fourteen (73.69%) are either single, separated, widowed, or divorced. One of the patients on the former group has been re-arrested (drunkenness). Seven of the latter group, or half of it, have been re-arrested one or more times.

As might be expected, a high proportion of the group of nineteen have had some contact with social agencies of the community. Eleven of them (57.89%) have had one or more social agency registrations, for a total number of nineteen such registrations. Eight patients (42.11%) have had no contacts with social agencies. Help in practical areas has been provided for the eleven patients and their families by Public Welfare, private case work agencies, and by clinic and hospital social service departments. Probation officers have been active in supervision of five patients. However, intensive psychiatric or social service guidance has not been given to any of them. When one considers the record of later arrests, irregular work habits, and psychosexual difficulties of some individuals in the group of nineteen, the impression is gained that there would be ample room for more assistance in intangible areas from social service agencies.

Because of the nature of the diagnosis, the implication, at the time of discharge, was that many of these patients would have further difficulties in their social adjustments in the future. On the other hand, prognosis may be modified or changed by the environment in which the individual func-







tions. If he lives in a setting relatively free of environmental stresses, he may adjust more adequately than had been predicted. Unfortunately, a beneficent environment does not necessarily remain so indefinitely, especially when the individual is undispensed by his character to react normally to typical life situations. Hence the writer, in making investigations for this study, expected to find considerable variation in adjustments, from good to very unsatisfactory. Results of the research confirm this expectation.

Sight should not be lost of those cases where improvements in adjustment have taken place since discharge from the hospital. Marital relationships have improved in three cases. One patient has risen to the position of foreman in his shop. Eleven patients have had no further arrests, despite the fact that six of the eleven had been arrested more than once prior to their commitments for observation. It cannot be stated categorically that permanent improvements have taken place in these cases, because such a pronouncement could be made only after study over a longer interval. There is perhaps some periodicity in matters of adjustment which is not brought out herein.

Chronic maladjustment to society of at least eight of the nineteen patients has been shown by their later court records. A count of the number of arrests of the entire group five or more years from now might prove interesting to







note. Comparably high figures tending to show maladjustment have been quoted for work and psychosexual aspects. Thus it has been amply demonstrated that some of the patients have been of little use to themselves and their families and have constituted a dangerous element in the community. The fact that one of their number has committed a murder serves to underline the above statement.

Nevertheless, when one considers the improvements found in several later adjustments in the light of the severe, widespread maladjustments encountered at the beginning of hospitalization, a pessimistic conclusion is not justified. The hospital-court process has had a positive value in the lives of a sizeable proportion of the patients.

As means of supplementing the hospital-court process to insure permanency of improvements noted or to modify continuing anti-social patterns, several possibilities are open. Important among these are; psychiatric treatment, social case work follow-up, and long-term institutionalization. Perhaps a combination of these possibilities would prove feasible in many cases.

By the nature of his personality, the psychopath has often proven a difficult, discouraging patient to treat. However, with psychiatric clinics and social service agencies constructively inclined toward him, whatever positive tendencies exist in his personality may be emphasized and built







upon. Writing of the place of social case work in the treatment of delinquency in general, Pray has stated: "It must be a part of any program in this field."<sup>1</sup> His statement would include psychopaths who are delinquent.

Results of this study indicate that the hospital-court process has been followed by improvements in adjustment in several of the cases. Its lack of effect in other cases raises the question as to whether or not supplementation by psychiatric or social case work follow-up, integrated into a regular program of treatment, would have been of benefit. The beneficial results, in a substantial number of cases, of the short-term hospital-court process suggest an affirmative answer to the question of the probable value of a more extensive program.

Approved,

*Richard K. Conant*  
Richard K. Conant, Dean

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<sup>1</sup> Kenneth L. M. Pray, "The Place of Social Case Work in the Treatment of Delinquency," The Social Service Review, 2:244, June, 1945.







## APPENDIX A - SCHEDULE

1. Name Case No. Court No.
2. Date of adm. Age on adm.
3. I.Q.
4. Marital condition on adm.
5. Main factors in adjustment prior to commitment
6. Offense for which committed (also the charge)
7. Hospital adjustment
8. Hospital social service
9. Diagnosis
10. Hospital recommendations to court
11. Court disposition
12. Later social service or psychiatric guidance
13. Later court record (no. and type offenses, with court disp.)
14. Work and work adjustment
15. Psychosexual adjustment
16. Participation in social or community undertakings
17. Drinking habits
18. Family or home setting (including relationships in home)
19. Changes in personality or interests







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Monahan, Howard B., "A Study of Factors in the Histories of Twenty-Eight Male Psychopathic Personalities," tentative title of projected Master's Thesis, Boston University School of Social Work.



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